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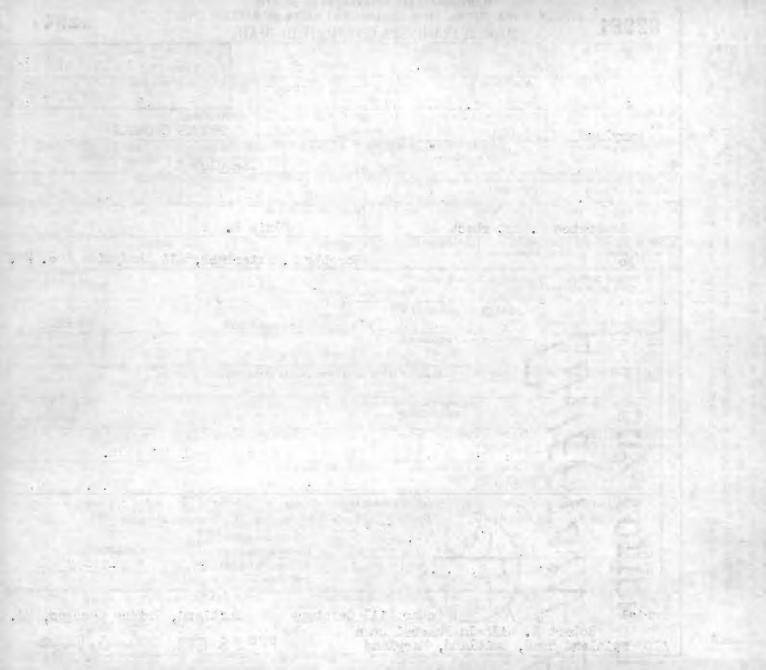
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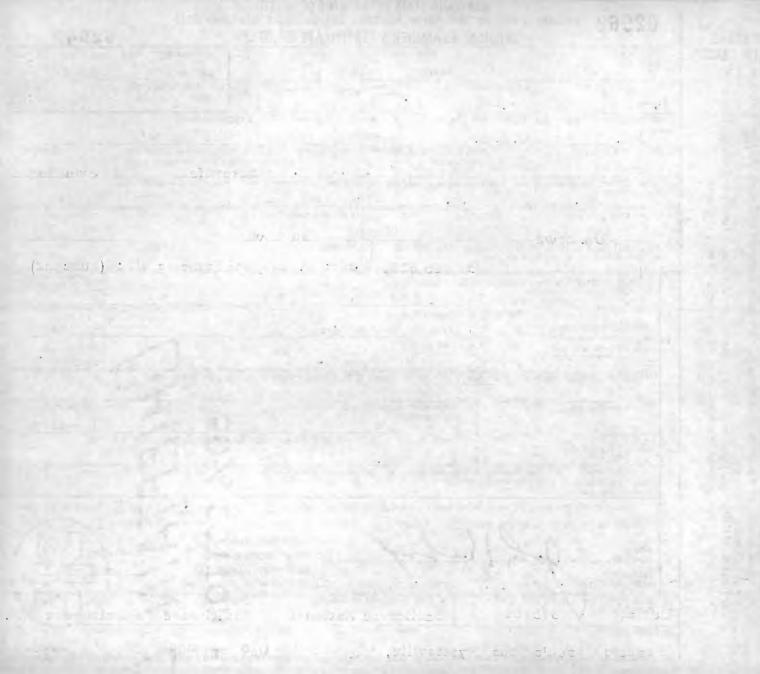
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02941 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Year (Type or Print) ESTI-Auterback 68 Page Howard Lawrence DEATH MATED 4 RACE IF UNDER 1 YEAR IF LINDER 24 HRS. 3 SEX S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR P.M3 39 YRS 16 Dec 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED TINEVER MARRIED 9. COUNTY OF DEATH PRINCE GEORGES WIDOWED [DIVORCED T Maryland IISA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY give street address) land 2 with the Give Prince George Cheverly olong 13d. INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b COUNTY Prince George Suitland YES NO [admission) STATE Lewis Ave. shauld be farwarded to the Chief Medical Examiner's Office after 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Elsie B. Lawerence H. Auterback pencil 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, na, ar unknown) (If was give wor or dates of service) Dorothy E. Auterback, 5414 Shadyside Ave. Md. APPROXIMATE INTERVAL within be executed 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Laceration of brzin IMMEDIATE CAUSE (o)_ event DUE TO, OR AS A CONSEQUENCE OF **burial-transit** Canditions, if any, which gave Multiple skull fractures Minutes rise to immediate cause (a). duy certificate should writing the ward DUF TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remayal CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗀 NO 🗔 5 21g. EXTERNAL CAUSE WAS 215, TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, 11em 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. crematian, Passen er in car which hit pole. 2319 68 9:30pm 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.)
Street WHILE AT WORK AT WORK P.G. Md. Marlboro Pike Suitland 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry X. and in my opinian Natural Youses [Accident X Suicide . death resulted from: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 2-24-68 John Kehoe, M.D., Riverdale DEPUTY MEDICAL EXAMINER 3 5 m TO FUN Health EXAMINER'S NAME (Type) ADDRESS(Street, city, tawn, or county) the 230. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Cedar Hill Cemetery Suitland, Prince Georges, Md. 24. FUNERAL DIRECTOR Robert E. Wilhelm Funeral's Home 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Melionelas Ju VR A15ME (5) 1968 4308 Suitland Road, Suitland, Maryland

MAKTLAND STATE DEPARTMENT OF HEALTH



	02962 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		12943
EALTH DEPT.	1 DECEASED NAME	
Page Page	Elizabeth Ann Baquial DEATH MATED 2	29 168 5 M
and 3 M3. Page	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
PM3. Page artment of	female white 9-2-12 55 yrs.	29 Year 19 68 6:05 M
CZ.	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED [] NEVER MARRIED [] 9. COUNTY OF DEATH	
State D	country Md. U.S.A. WIDOWED DIVORCED Prince George's	Md
to my	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)	12b. KIND OF BUSINESS OR
after death.	oneverly prince deorge's Gen. Mosp. Housewife	Own Home
death.	130. USUBAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Md. 13b. COUNTY P.G. Palmer Park YES X NO 8122 Sherrill	
d Z	D. PARIFIC MANY	
land after	13. WALLEY A LINGUES ONLY 1921 MUONE	Lost
haurs	160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
	[Tes, no, or unknown] [(If we give wor or dates of service) [<i>t</i> 1 1 11
n 72	no 577 46 6286 Pedro D. Baguial Same as # 12	(husband) APPROXIMATE INTERVAL
within	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
permit.	4/09 Cardiac Tamponade Due To, or as a consequence of	
burial-fransif pi I in any event	Conditions, if ony, which gove) . Printing of Mirocandian	minutes
any (rise to immediate couse (a), storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	numunes
.E	(a) Myocardial Infarction	one week
200	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	Olic wook
	4381	
remaval,	19b. CONDITION FOR WHICH OPERATION 19c. DATE OF OPERATION WAS PERFORMED? 21c. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Fater nature of injury in Port 1 or Port 2 Iter	20. AUTOPSY?
	WAS PERFORMED?	YES 📉 NO 🗌
, 0	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item HOUR A.M.	1 18.)
crematian,	E CAUSE OF DEATH P.M. 19	
ema	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
l, cr		
burial,	22a. I certify that I taok charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X,	
d b	death resulted fram: Natural causes, X, Acrident , Suicide , Hamicide , Undetermined manner	
FUNEKAL DIRECTOR: Page salth prior to burial, crem	ACTUAL CHIEF MEDICAL EXAMINER	OAIPD
P	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNATURE DEPUTY MEDICAL EXAMINER 3-2-	
leal#	EXAMINER'S NAME (Type) John Jehoe M.D., Riverdale, Maryland ADDRESS(Street, city, town, or county)	00
¥	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CHILDRY 23d SOCATION (City or Inwell)	County) (Stote)
2	Burral Specify V 3/5/68 Baltimore National Baltimore Ba	ltimore Md.
M	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	SNATURE
E SI	Francis Gasch's Sons Hyattsville Md DAIF MAD C 1000 Miles	Ma. Quedates



MARYLAND STATE DEPARTMENT OF HEALTH 02963 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH funeral funeral and 2 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) death our were to o. COUNTY o. STATE b. COUNTY offer Prince Georges b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) filled in by A papers. Pag hin 72 haurs write RURAL and give nearest town) 77 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Washington d. STREET ADDRESS filled cremation, or remayal, and in any event, within 200 6th Street S.E. Clenn Dale Hospital NAME OF 4. DATE remove carbon physician and completely en please remave carban DECEASED Barefoot SR. (Type or print) DEATH S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR DR RACE 7. MARRIED TR **NEVER MARRIED** lost birthdoy) Months Male White WIDOWED DIVORCED 4/15/10 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY North CArolina Rest. Worker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ida B. ? Coy T. Barefoot 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) [If yes give wor or dates of service) (Decedent) 577-07-6238 None 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: Hepatic coma IMMEDIATE CAUSE (o) 4 may be retained by the haspital ar attending physician. DUE TO burial, Cirrhosis of the liver Conditions, if ony, which gave rise to immediate couse (o), **DUE TO** stating the underlying couse this certificate has been Chronic alcoholism PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year Hour 'o.m. factory, street, office bldg., etc.) Not While ot work at work TO FUNERAL DIRECTOR: After 21. I certify that (t) (this hospital) attended the deceased from 12/13, 19.67, to 2/27 . 19_68, that (11 (we) last director, page 3 shauld shauld be filed with the 19 68, and that death accurred at 7:25 M, from causes and an the date stoted obave saw the deceased alive an. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING DIRECTOR I PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Glenn Dale Hospital NAME (Type) Moe Weiss, M. D.

VR A15 (4) 25M 1/67

23d. LOCATION (Gry or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) Burial Burial 2.1968 Tew Cemetery Dunn, North Carolina 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE scherity Judge Lee Funeral Home 300 4th St.NE Wash.D.C. DATEMAR

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e. IS RESIDENCE ON A FARM?

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I IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

2 ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

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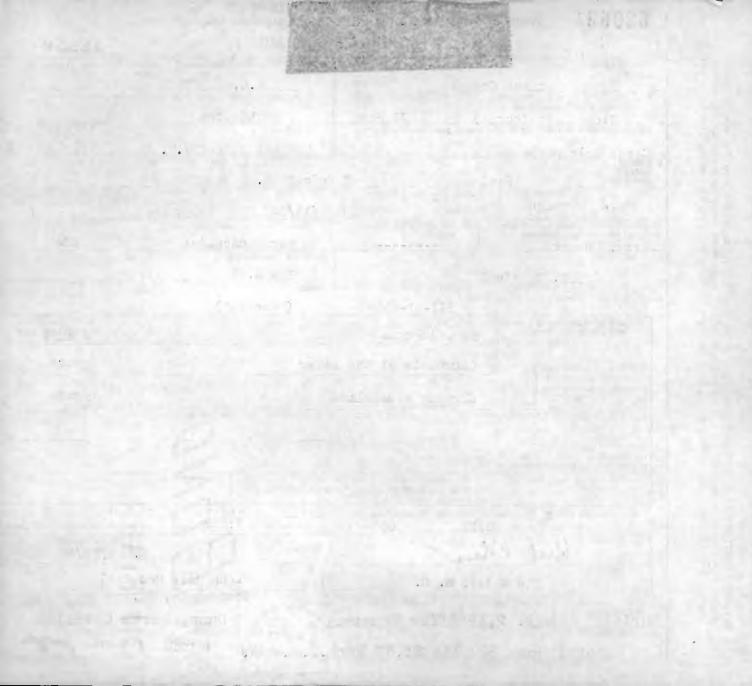
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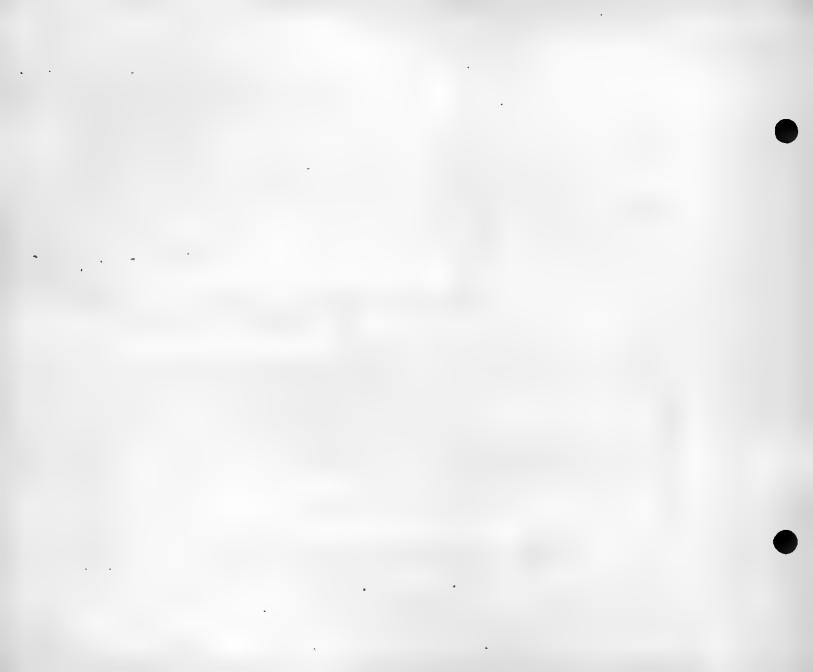
7		DIVI	SION OF VITAL R	ECORDS, 301 W. PR	ESTON S	TREET, BALTIMORE,	MARYLAND 21	201		· jan
FOR STATE		20 6 6	MEDI	CAL EXAMINER	'S CER	TIFICATE OF DE	ATH		a her o	-52
HEALTH DEPT.		ECEASED-NAME	Farst	Middle		Last	2a DATE	KNOWN Moni	th Day	Yeor 2b HOUR
조 호 함	1	Type or Print) Dav	id	Edward		Beck	OF DEATH	MATED 2	18	196812:20
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1, 2, m Pr	70	BIRTHPLACE (Stote or foreign			1	NEVER MARRIED	9 COUNTY OF D			·· CORE RE
	(00)	D.C.	r	s.	W DOWE		Parina	e George	1.o	AA
Pages vith Store	10.	ITY OR TOWN OF DEATH		AME OF HOSPITAL OR INST	ITUTION (If	nat in haspital 12a U	ISUAL OCCUPAT ON			D OF BUSINESS OR
death with the Store	١,	Riverdale.	give	street oddress) Leland Memo	Form	Hoanital during	most of working l	ife, even if retired	/	
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them 18 Office of 10nd 2 value	14 1	ATHER'S NAME First	Middl			MOTHER'S MAIDEN NAME		Middle		Lost
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hin 24 ncil in ninet's pages hours		WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECURITY NO	17 10	IFORMANT		ADDRESS		
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2 2 4 6 7		last	(4)							
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certifi , writing orword used of movol	CATION	19a. DATE OF OPERATION		196. CONDITION FOR WHI	ICH OPERATI	ON			20.	AUTOPSY?
	5 5	2/17/68		WAS PERFORMED?	Muldai	ple skull fr	ractures			YES NO I
This ficate, be for d be ar re	CERTIF	21a EXTERNAL CAUSE WAS		INJURY Month Doy, Year		IOW INJURY OCCURRED (En		in Part 1 or Part 2		<u> </u>
nertification of the state of t	MEDICAL	PRIMARYO CONTRIBUT	ING HOURA	M 2/17 19 6	a ,	Child fell o	out of au	tomobile		
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L EX ecut Pag or y or y ial,				ne remains described	above he	eld on Autopsy	Inspection			d in my opinion
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o DEPUTY necessary, please the funerof direc 5 may be retain 0 FUNERAL DIRE Health pr.or to		NAME (Type)	elius J. I	ourns, In			, city, town, ar cour	ity) Cheve	rly, M	/d.
TO DEPUTY necessary, the funero 5 may be 10 FUNERA! Heolth pr	230	BURIAL, CREMATION,	23b. DATE	23c. NAME OF CE	METERY OR	CREMATORY	23d LOCATION		(Caunty)	
		REMOVAL (Specify)	2/21/68	Fort L				ar Manor		, ,
	24.	FUNERAL DIRECTOR Nal	lev's Fur	neral ADDRESS	int.	RECI	D BY REGISTRAR	256 REGISTRAS		-
VR A15ME (5)		Home Inc.		Mar	yland	DATE F	EB 2 3 19	968 fcc	erus	0

MARYLAND STATE DEPARTMENT OF HEALTH



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l		18 CAUSE OF	DEATH (Enter on											BETWEEN C	MATE MITRIAL HISET AND DEATH
١		PART I L	EATH WAS CAUSE IMMEDI	ATE CAUSE (a)_	Heart	failu	re							minut	es
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			ny, which gave rate cause (a), i	(b)_								disea	se		
		stating the ur	derlying cause	DUE TO,	OR AS A CON	SEQUENCE OF									
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			SIGNIFICANT CONE	DITIONS CONTRI	BUTING TO DEA	ATH BUT NOT	RELATED '	O THE TERMIN	IAL DISEASE OR 6	CONDITION	GIVEN IN	PART 1(a)			
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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH .,2968 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 U 255 4 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b HOUR requires that the death certificate be executed within 24 haurs after death. and 2 (Type or print) 5. DATE OF BIRTH IF LINDER 1 YEAR AGE (In years last birthdoy) MONTHS DAYS HOURS 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED [NEVER MARRIED country) DIVORCED IT WIDOWED IX ringe filed 120. USUAL OCCUPATION (Kind of work doffe 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR .. during most of working life, even if retired.) burial, cremation, ar removal, and in any event, were giye street oddress) INDUSTRY completely, f ana Pine 12100 Gardens molder 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? admission) STATE may land 13h COUNTY YES V ottending physician and com permit. Then please removel wash LOCATOLES 14. FATHER'S NAME Middle Last 1S. MOTHER S MAIDEN NAME First First Lost and WILVERM W 160. WAS DECEASED EVER IN ILS. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) APPROXIMATE INTERVAL BETWEEN DISET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CALSED BY make IMMEDIATE CAUSE (o) Conditions, if ony, which gove) signed by the burial-tronsit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar ta Page 4 may be retained by the hospital ar attending has been as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO 🗍 be detached for use of Health O FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. State Dept. 21d INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f, LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote OFFICE BUILDING, ETC. While Not while of work 22a. I certify that (I) (this hospital) attended the deceased from. and that in (my) (out) opinion death occurred on the date and hour and from the saw the deceased alive on directar, page 3 should should be filed with the couses stated above, (1) (we) (did pot) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR PHYS PHYS. 22d. PHYSICIAN'S NAME (Type) 23d LOCATION (City or Town) (County)
ery Lewisville, 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23b. DATE Concord Neth Ch. Cemetery. 26,68 REMOVAL (Specify) Feb. **ADDRESS** 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Wash. VR A15 (4) Bros. 1661-Gd. Hope Rd. SE. 1968 30M REV 1/68



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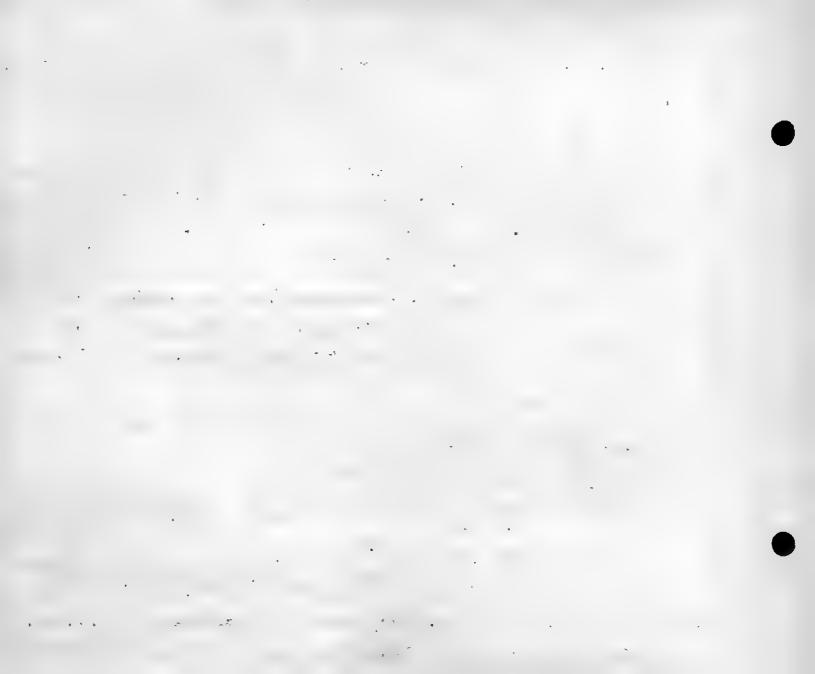
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ...2970 32956 CERTIFICATE OF DEATH DECEASED NAME 20 DATE OF DEATH First ond 2 death. Blandford 24 hours after death (Type or print) Month 6. AGE (In years last birthday) 3. SEX IF UNDER 24 HRS MONTHS male To BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED 🔲 NEVER MARRIED 🔀 country) DIVORCED signed by the attending physician and can<u>aletely</u> filled in burial-transit permit. Then please remove carban paper burial, crematian, ar remaval, and in any event, within 72 WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 26 KINO OF BUSINESS OR C INDUSTRY SCHOOL give street oddress) during mast of working life, even if retired) TRACher 13d. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY EMITS? 13e. STREET AND NUMBER requires that the death certificate be executed odrausion) STATE YES 🔀 4/45 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle M.ddle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
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(12)	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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MARYLAND STATE DEPARTMENT OF HEALTH JZ872 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 U2951 CERTIFICATE OF DEATH ond/2 deoth DECEASED-NAME 20. DATE OF DEATH Middle Last 2b. HOUR (Type or print) Nellie foneral Bohannon Month 28 Day 68 Year 4. RACE after 3. SEX 5. DATE OF BIRTH 6. AGE (In veors IF UNDER 1 YEAR IF LINDER 24 HRS. last birthday) White Female 5/12/01 requires that the death certificate be executed within 24 hours B. MARRIED XX. NEVER MARRIED 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH country) the attending physicion and completely filled in sit permit. Then please remove carbon papers. Prince Georges MA. USA WIDOWED [DIVORCED [120. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress) during mast of working life, even if retired.) Telephone Riverdale event, wit Eugene Leland Memorial 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER admissian) STATE MD 13P COUNTR 2012 Woodberry St rince Georges Hyattsville 14 FATHER'S NAME First Maddle Last 15. MOTHER'S MAIDEN NAME First Middle James Dixon Ida Hutchinson Address Riverdale, Wd. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Yes, na, or unknown) hospital records 4/78 Queensbury rd 214 01 3932 cremotion, or removol 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) ardiac Decompensation & Pulmonary Edema 2 hours DUE TO, OR AS A CONSEQUENCE OF Occlasion = 2 1 hrombus Conditions, if any, which gave) burial-tronsit oro nary rise to immediate cause (a), DUE TO, OR AS, A CONSEQUENCE OF stating the underlying cause Vieriosclerotic PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Page 4 may be retained by the haspital or attending D FUNERAL DIRECTOR: After this certificate has been a os the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES FL with the Stote Dept. of Health 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) for TOR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State White Not while at wark at wark 22a. I certify that (I) (this hespitel) attended the deceased from 200 6, 1951, to Feb. 28, 1968, that (I) (we) last saw the deceased alive an February 281968, and that in (my) (aux) apinian death accurred an the date and haur and from the (did) (did not) view the bady after death. causes stated above, (1) 22b SIGNATURE 22c. DATE SIGNED ATTENDING. director, page 3 DEGREE DIRECTOR 22e. ADDRESS 4300 St. Barnabas Road Marlow Heights, Maryland 2003 W. GIBSON, MA 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR AL CREMATION (County) (State) Burringy (Specify) 3/2/67 Ft. Lincoln Cemetery Colmar Manor Md. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Francic Gasch's Sons Hyattsville, Maryland DATE MAK 30M REV. 1/68



Calfee Cemetery

Berklev

West Virginia

VR A15ME (5) 10AA REV 1/68 Burial (Specify)

24 FUNERAL DIRECTOR

2/17/68

Francis Gasch's Sons Hyattsville, Md



MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEFRACE DEFRACE DEFRACE DEATH DOY People DEATH DOY People DEATH DOY People DEATH DOY People DEATH MATED DOY People DEATH DEATH MATED DOY People DEATH DEATH MATED DEATH MATED DOY People DEATH DEATH DEATH DEATH MATED DOY People DEATH DEATH	1	TO TAI DIVISION OF VITAL PECOL	YLAND STATE DEPARTMENT OF HEALTH RDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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196 DATE OF OPERATION 196 COND TION FOR WHICH OPERATION 20 AUYOPSY? WAS PERFORMED? YES NO 1 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 3 or P	e, w farv farv			
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S = 4 = 0 E fortory, office building, etc.)	新 告 4 2 2 9 6		ome, form, street, 21f LOCATION Street or R.F.D. No (. ty ar Town tc.)	Caunty Stota
		AT WORK AT WORK		
and in my opin a section with the section of the se	- 9 4 P 8 8			
death resulted from: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner . CHIEF MEDICAL EXAMINER	ase ase rector innections by the party of th	dediti resulted from Natural causes	<u> </u>	
ACTUAL SIGNATURE 226. DATE SIGNED	ple retro		22h DATE	E SIGNED
DEPUTY MEDICAL EXAMINER W 2-12-68	Sary, nnercher leRA	7	171.0.	12-68
NAME (Type) John Kehoe MD Riverdale, Nd. ADDRESS(Street city, town, or county)	DEI Beefung may	NAME (Type) John Kehoe MD I	ALVEROS E NO.	
230 BURIAL, CREMATION /23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Store)	5 = + 2 E = 0		23c NAME OF CEMETERY OR (REMATORY 23d LOCAT ON (City or Town)	(Caunty) (State)
24 FONERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 250 REG STRAR'S SIGNATURE	3	Jurial 12-14-66		SIGNATURE
VRA SME (5) DATE FEB 1 6 1968 ACCIONALES SINGERS	VR A SME (S)	le Witt Manal	// / / / /	



$ C \setminus C $		# CDE	DIVISION OF	VITAL RECORDS, 3	OI W. PRESTO	ON STREET, BALT	IMORE, MARYLAND 21201		
N/I		52975		C	ERTIFICATE	OF DEATH		7	m ()
"		CEASED NAME First		Middle	Li	us†	2a DATE OF DEATH		2b. HOUR
	(1	ype ar print)	lary	E.	Brown		Feb. Month 5,	1968 ^{ear}	9:05AM
	3 SE		4. RACE	O Noma	S. DA	TE OF BIRTH	6. AGE (In years last buthday)	IF UNDER 1 YEAR MOINTHS DAYS	EF JNDER 24 HRS HOURS MIN.
		Female	NEG	Negro		July 🔻, 1		5.	
	7a B	RTHPLACE (State or foreign	7b. CITIZEN OF WI		^{8.} Married 🔲 Ne		9. COUNTY OF DEATH		
	10.	Maryland ITY OR TOWN OF DEATH	U. S.	A. AME OF HOSPITAL OR INST	WIDOWED XX	DIVORCED [Prince Georges AL OCCUPAT ON (Kind of work done	e 12b KIND OF E	Md.
9.5	1	everly	give.	street address) Lnce Geo.Ge	n 1 Hogo	during m	ast of working life, even if retired)	INDUSTRYP 3	rivate
		USUAL RESIDENCE (Where decease	ed lived, if institut	ron Residence before	13c CITY OR TOWN	13d INSIDE CITY	ISEKEEPET AND NUMBER	Ho	ome
6	odmi Ma	ssion) STATE	Prince		Clinton		8637 Woodyar	d_Road_	
		ATHER'S NAME First	Middle	Last		HERS MAIDEN NAME	First Middle		Last
E.			k Brow	n			Mary M. Clark		
	16a. Y	WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (if yes give w	MED FORCES? or or dates of service)	16b. SOCIAL SECURITY NO			8637	Woodyan	rd Rd.
		No		<u> </u>	Mrs.	Mabel (G. Brown-Glint	on, Md	MATE INTERVAL
		1B. CAUSE OF DEATH (Enter and	y ane cause per li	ne far (a), (b), and (c).)				BETWEEN ON	NSET AND DEATH
		PART I. DEATH WAS CAUSED IMMEDIA			LINTA	CCTION			
		Canditians, if any, which gave	DUE TO, OR	AS A CONSEQUENCE OF	222				
		nse ta immediate cause (a), ((b) /	4SHD+P AS A CONSEQUENCE OF	-001				
		stating the underlying cause last.	(c)	AS A CONSEQUENCE OF					
		PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBL	JTING TO DEATH BUT NOT	RELATED TO THE	TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)		
	_	43	-				•		
	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WI	IICH OPERATION WAS PERI	FORMED 20	a. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CE	RTIFYING
X	E					YES NO	CAUSES OF DEATH?		
		21 a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT		FINJURY Manth Day Year	21¢. HOW INJ	IURY OCCURRED (Ente	er nature of injury in Part 1 or Part 2	2, Item 18.)	
	MEDICAL	(If either, natify medical examin	ner) PM.	19					
		21d. INJURY OCCURRED While Nat while at wark	PLACE OF INJURY	(AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	21f. LOCATIO	N Street or R.F.D. No	o. City ar Tawn	County	State
		22a. I certify that XI) (the	s haspital) att	ended the deceased	fromDe	c. 10., 16:	7, toFeb5, l	19 <u>68</u> , that	(N (we) last
		saw the deceased a	ive an FE	2 b 5 19	68, and tha	t in (ms y) (aur) ap	7, to Feb5_, linian death accurred an the o	date and haur	and fram the
		22b. SIGNATURE	(DID) (9W) 2005;	(MIKERIK) VIEW THE D	ady affer death) <u>. </u>		c. DATE SIGNED	
		X: an cul-	Luiusa	en en	, D. DEGREE	ATTENDING		2-6-6	8
		22d PHYSICIAN'S							
1		NAME (Type) Manu	iel V. Pe	enasales, M			orges General Ho	spical	
	23a.	BURIAL, CREMATION, 23b. I			EMETERY OR CREM		23d LOCATION (City or Town)	(County)	(State)
			10/68		ction (Cemetery		Pr.Geo	Md.
		FUNERAL DIRECTOR	Ilmro	ADDRESS	o Ma	250 RECD	BY REGISTRAR 25b. REGISTRAR	CO SIGNATURE	عاد
В		litchie Bros	Uppe		o. Md.	DAMAR	1 4 1968	KS SIGNATURE	حالا

MARYLAND STATE DEPARTMENT OF HEALTH

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0 8 1	MARTLAND STATE DEPARTMENT OF HEALTH OF THE DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	, 286;
	OF EST	Doy Year 2b HOUR
3 SEX	Maditalitet Diowit	2d HOUR
a Baga	lost burthday) MCNTHS DAYS HOURS MM Menth Day	6 19 12:4W
2 70 811	PT Negro 5 JULTY 1897 70 YRS 2 1 RTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY, OF DEATH	DO 14 Pro-TW
country	WIDOWED ET DIVOPES DI	List Sal Mi
£ 6 10 (if	Minorana 1 4.3.4.	Zb KIND OF BUSINESS OR
10 (II	Glendale, Md. give street oddress) Glendale Hosp during most of working life, even if retired)	NDUSTRY
odla odla odla odla odla odla odla odla	ISLIAL RESIDENCE (Where deceased well a critististan Peridence hatered 13c CITY OR TOWN 13d NIOCELLY, MISS 113a STREET AND MIMPER	
W =	mission) STATE D.C. 35 COUNTY Washington YES NO 2701 24th St.	N.E.
	THER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
S S	DECEASED	
nrich in niner's hours hours	/AS DECEASED EVER IN US ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 5. np. of unknown) (If yes are war or doles of service) 17. INFORMANT ADDRESS	
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ed y H Es	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROX MATE INTERVAL BETWEEN ONSET AND GEATH
be executed "pending" in nief Medical E ans't permit F event within	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Hemorrhage	minutes
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be the property of the propert	Conditions, if only, which gove nse to immediate couse (a) (b) Pulmonary tuberculosis	months
should e word o the Ch uriol-tra in ony	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be to word "per or the Chief buriol-trans?" In ony ever	last (c)	<u> </u>
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riting arder d os d os vol, a	O O O O O O O O O O O O O O O O O O O	I no AUTOPOVO
This certificate, writing the forward be forward be used of the certification or removal.	WAS PERFORMED?	20. AUTOPSY?
This frote, be fee or rel	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter not are of injury in Part 1 or Part 2, item	YES NO 🖈
25 6 6 1 1	PRIMARY OR CONTRIBUTING HOUR A.M.	it sort
INER: e certif should files. 3 shoulk otion,	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCAT ON Street or R F D: No City or Town	County State
₹ + + = =	WHILE NOT WHILE AT WORK AT WORK AT WORK	, , , , , , , , , , , , , , , , , , , ,
	22a. I certify that I took charge of the remains described abave, held an Autopsy , Inspection , Inquiry	and in my apiniar
ICAL I	death resulted from: Natural causes [3] Accident]. Suicide [], Hamicide [], Undetermined monner [
please directs properties birects bire	CHIEF MEDICAL EXAMINER	_
y, ple rrol di prior	ACTUAL 29h Date Cl	GNED
UTY, Dero De Pr	JOHATORE TO THE PROPERTY OF TH	-1-68
D DEPUTY CICAL IN THE FUNCTION OF THE FUNCTION OF THE FORESTORY OF THE FOR	NAME (Type) / John Kehoe, M.D. ADDRESS(Street, city, town, or county)Riverdale	. Md.
O = = 5 0 = 230	BURIA, CREMATION, 280 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	County) (State)
	REMOVAL (Specify) 2-8-68 Church Cemetery Quincy, Illino:	is
	REMOVAL (Specify) Burial 2-8-68 Church Cemetery Quincy, Illino: ADDRESS ADDRES	is GNATURE C



-10-	7 1 3	-\ 1		MARTLAND STATE DEPARTMENT OF HEALTH
-	- 11V			32977 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
(CERTIFICATE OF DEATH , 296
:(L e	24			CEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR
The second second	funeral 1 and 2 ter death.		(1	YPE OF PRANK BULLEN FER Month Day Year M
	or do		3 SE	
afte	ician and campletely filled in by the fur lease remove carbon papers. Pages 1 and in any event, within 72 haurs after			SEPT 30 1891 last birthdoy) YRS MONTHS ONYS HOURS MINI
IUIS	by Po		70 E	ORTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
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in 2	filled pape thin 73		10 C	TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b, Kind OF BUSINESS OR
with	wit wit	60		AUREL give street address) CARK TO during most of working life, even if retired) INDUSTRY CHEMICAL
pa	plet car ent,		13c	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY UMITS? 13e STREET AND NUMBER 7 DOTTO
ecut	ove y ev	10		MI TARE ROLLING BUILD NOW 2306 CLARK RU
exi	and rem	1	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MA,DEN NAME First Middle Lost
pe pe	n a din	f		JUSEPH BULLEN MARY MEEKS
ate	physician a nen please Iaval, and ir			WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT [If yes give wor or dates of service] Address / 3 = 12 12 13 14 15 15 15 15 15 15 15
Ě	Shys Nal		<u> </u>	14 July Meda / Style Boll and the
9	attending p permit. The ian, or rema			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN OMSET AND GEATH
ŧ.	ig ii.			PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Myocardial Dufarction
de de	erm n, c			DUE TO, OR AS A CONSEQUENCE OF
‡	the c sit p			Conditions, if any, which gove
E .	y ±			rise to immediate cause (a),
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after	rage 4 may be retained by the traspital of arteriaring priystatur. D FUNERAL DIRECTOR: After this certificate has been signed by the attending physical director, page 3 shauld be detached far use as the burial-transit permit. Then play shauld be filed with the State Dept. of Health priar ta burial, crematian, or remaval,			stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF lost. (i) coronary exteriorclerosis & Dialety.
in de	ign sign			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
9. 0	en s he t		z	4 x 01
<u>o</u>	be be		AT S	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The The	ige 4 may be retained by the maying of artenaing FUNERAL DIRECTOR: After this certificate has been rector, page 3 should be detached for use as the nould be filed with the State Dept. of Health priar to		CERTIFICATION	YES NO CAUSES OF DEATH?
z t	ear age	X		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
CA	きまること	7 1	MEDICAL	OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year (If either, notify medical examiner) PM 19
IXS	che che		ME	21d. IN. URY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City of Town County State
<u>a.</u> 3	this leta			While Not while at work at wark
SI S	ter ter tate			220. certify that (1) (this hospital) attended the deceased from 1 - 1 0 1964, to 1 - 1 0 1964, that (1) (we) last
OR ATTENDING	d H			sow the deceased alive on $1-1.6$, 19.64 , and that in (my) (our) opinion death accurred on the date and hour and from the
	10 Par			causes stated above, (1) (we) (did) (did nat) view the body after death.
T 7 5	Wit Wit			22b. SIGNATURE 22c. DEGREE ATTENDING MED. STAFF 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED
9.3				
IAI	Po Po	1		22d PHYSICIAN'S 22e. ADDRESS NAME (Type)
SPI 4	NER Tar,			
O HOSPITAL	Proge 4 may be retained by the maspiral of anertaining a FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta	*	230.	BURIA_CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
29	2 2 2 2 3	1		CARITE LES OF RUNCH LARRY FAIRLANDS
	VR A15 (4	1	24	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 5 SIGNATURE
	30M REV. 1/	68	Á	I . Il itt Nearach an . Lorent Med DATE FEB 1 3 1968 , wer es Judges .



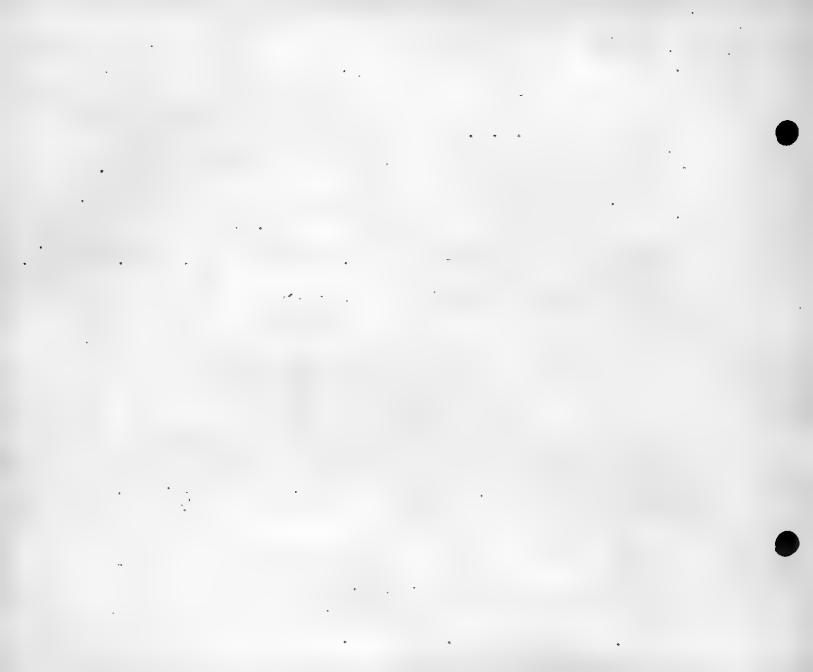
	1	-1	Ιţ	cem 6 Film G398 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	^ ^
1	(A)			CERTIFICATE OF DEATH	02860
2.1	= 144	εÌ		CEASED NAME First Middle Lost 2a. DATE OF DEATH	2b. HOUR
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	ond ond in or	7	14. F	ATHER'S NAME First Middle BURTHE IS. MOTHER'S MAIDEN NAME First Middle BURTHE	VRTHE
	icate be fsician o pleose it, and ir	1	16a	WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO. 17. INFORMANT (WIFE) Address 52.6	
	The law requires that the deoth certificate be executed within ottending physicion. hos been signed by the ottending physician and completely full isse os the buriol-transit permit. Then please remove carbon player to buriol, cremotion, or removol, and in any event, within		Ye		Ave WASHIDC
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	the off	-		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove	1.110-
	nat the .r. y the pnsit p emoti			rise to immediate cause (a), (b)	SYRS,
	equires that thy physicion. Signed by the buriol-tronsit buriol, cremo	- 1		stating the underlying couse lost 4 (c)	
	phys sign buric	_		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	1-1-
	w re ding een een the	ı	NO	DIABETES MELLITUS: C.A-COLUN-ROSE	Fru 19ldo
	R ATTENDING PHYSICIAN: The law requires the retained by the haspital or attending physician. RECTOR: After this certificate has been signed by 3 should be detached for use as the burnol-transity the State Dept. of Health prior to burnol, creating the state Dept.		CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? YES NO CAUSES OF DEATH?	PERED IN CERTIFYING
	or or or te had been called		CERTI	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item	lR)
	YSICIAN: ospital or certificate thed for u	- 1	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Yeor (If either, notify medical examiner) P.M. 19	,
	PHYSICIAN: e haspital or his certificate stached for u Dept. of Hea			21d. INSURY OCCURRED 21e PIACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. City of Town Co.	unity Stote
	G PH the h this this defact the Dep	-1		at work at wark	
	DING by t After J be d	H		220. I certify that (I) (this hospital) attended the deceased from Tunity, 1962, to 23 700, 1968 and that in (my) (aur) apinion death occurred on the date of	二 , that (I) (we) last
	ATTENDING stoined by the CTOR: After i should be d ith the Stote			causes stated above, (1) (we) (did) (did not) view the body after death.	
	R AI reformant 3 sh with			226 SIGNAT TRE 220 SIGNAT TRE 220 DEGREE ATTENDING DIRECTOR DIRE	SIGNED
	y be pose		4	Wellegen American George MI DEGREE PHYS DIRECTOR PHYS. 220. PHYSICIANS 7 220 ADDRESS 7	13.00
	PITA mo ERAI			MAME (Type) WM HOWARD YEAGER IN 1808 COWN HUE NU !!	15 N DC
	TO HOSPITAL OR ATTENDI Page 4 may be retained b TO FUNERAL DIRECTOR: Aft director, page 3 should be should be filed with the St		23a	BUR AL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Co	ounty) (State)
	5 5 5 p		0.6	DIRIAL 120 10010 10010	D: C:
	VR A15 (4) 30M REV. 176			FUNERAL DIRECTOR M. WITTYSONG CO DECADORESS 13CC - N. ST. NW 250. RECD BY REGISTRAR 256 REGISTRAR 5 SIGN P.C.: Climics W. Hisong - WASH D.C. DATE FEB 2 6 1988	TO MESON 3
				ANTONIC I DIE LE DIE LE LA CONTRETE DE LA CONTRETE	



1		20001		D STATE DEPARTMENT O		8
		32574			BALTIMORE, MARYLAND 21201	*> 10 10
	1 0	ECEASED NAME First	Middle	CERTIFICATE OF DEAT	20. DATE OF DEATH	. 2969
		ype or print) Jose		Butler	Feb. 21, 198	Yeor 7:15PM
	3. SE	X Male	4 RACE :	S DATE OF BIRTH 12-29-22	6. AGE (In years lost birthday)	IF UNDER YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIR.
	70.1		COTOTEG		9. COUNTY OF DEATH	
	COUT	Washington D.G.	U.S.A.	8. MARRIED NEVER MARRIED DIVORCED	Prince George	S Md.
4	10 (Cheverly	11 NAME OF HOSPITAL OR IN: give street oddress) Prince Georg	done	USUAL OCCUPATION (Kind of work done ng most of working fa, even if retired) Truck helper	12b KIND OF BUSINESS OR
- mag	13o. odmi		lived, if institution Residence before 13b. COUNTY D.C.	13c CITY OR TOWN 13d INSIDE	OTY LIMITS? 13e STREET AND NUMBER 1020 1st St	reet, S.E.
`	14. 6	FATHER S NAME First	Middle Lost	IS MOTHER'S MAIDEN NA		Lost
		Andrew But	ler		Rosa (or Rose) But	ler.
		WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b. SOCIAL SECURITY		Address	
	Y	es, no, or unknown) (If yes give were W.V. 11	578 17 90	10 Elizabeth B	Butler (wife) 1020	ISt. St.S.E.
		18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and (c).		0 00 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED B IMMEDIATE		we intracere	bral Nemorrhage	e
		4510	DUE TO, OR AS A CONSEQUENCE OF	+-10 -	- :	
		Conditions, if any, which gove) rise to Immediate cause (a) ((b) Esser	Anal Myperst	ension	
		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	1/		
		lost.	(c)	27 ACLIECO DA TUE DEALULE DISCUS		
	- I	PART 2. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT N	DI KELATEU IO THE TERMINAL DISEASE	OKCONDITION GIVEN IN PART I(0)	
	CERTIFICATION	190 DATE OF OPERATION 19b. CO	NOITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
>	RTIFIE				o CAUSES OF DEATH?	
		210 ACCIDENT WAS UNDERLYING TOR CONTRIBUTING TAUSE OF DEATH	21b TIME OF INJURY HOUR A.M Month Day Year	21c. HOW INJURY OCCURRED	(Enter noture of injury in Port 1 or Port 2	, Item 18.)
	MEDICAL	(If either, not fy medical examiner) P.M. 19			
		ot work of work	ACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.			County State
		22a. I certify that (I) (this	haspital) ottended the deceose	ed from	19 <u>68</u> , to <u>2/21</u> , 1	9 <u>68</u> , that (I) (we) last
		sow the deceased aliv	e an2/21	Y .b.お, and that in (my) (our) hody after death.) opinion deoth occurred on the d	late and havr and tram the
		22b SIGNATURE	((we) (did) (did not) view inc		. / 220	. DATE SIGNED
			1 Travel	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	2-22-68
- Constant		22d. PHYSICIAN'S NAME (Type) RUFR	ANCHI	22e. ADDRESS 7729	FinnkLang Lar	ham my
	230.	BURIAL, CREMATION, 23b. DAT	E 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
1		REMOVAL (Specify) Burial 2-26		y Mem. Park	7601 Sheriff	
5	24	FUNERAL DIRECTOR	ADDRESS	250. RE	FEB 27 1968 REGISTRAR	TAIGHT YOURS
		Dist Jazalon.	909 624 8	11.W DATE	LLD A . IO .	<i>U</i> ×

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\$ #^	DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0.2333
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 2a DATE KNOWN Month Day	Year 2b HOUR
at ge to	(Type or Print) OF ESTI- DEATH MATED 2-25-6	8 19 3 : 00am
\$ 2 S 3 S	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE OF YEAR IF UNDER 1 YEAR IF UNDER 24 HRS 27 DATE PRONOUNCED DEAD	2d HOUR
で 高い (を)	Ifale Thite 10/23/22 45 YRS MONTHS DATS HOURS MIN MONTH Day	68,3:10am N
E CA BA	70. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
State De	COUNTYWEST Virginia U. S. A. WHOOWED DIVORCED IN Prince George's	M
Sta Sta	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital during most of work no mice were address) 120 USUAL OCCUPATION (Kind of work done 12b during most of working mice even if settined) IND.	KIND OF BUSINESS OR
haves after death Item 18 Give Page Office along with Land 2 with The State	Cheverly Prince George Hospital George Transier Co.	
haurs after them 18 Go	13a USUAL RESIDENCE (Where deceased eved, funstitution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission), STATE 13b. COUNTY	
12 v de	I.d. BRITCHMORE BEAUCH OJY DEBOTA Screen	3
1 haurs 1 tem 1, Office Office after d	14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Anthony Carakoulakis Mary Del	Lost
ncl in niner's pages haurs		Fillippi
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? [Yes Yes Unknown] (Hyggeve war or dates of service) 215-12-5734 Mr. Frank Carakoulakis, 2609 N. Sn	yder Ave.
This certificate shauld be executed will icote, writing the ward "pending" in pe be farwarded ta the Chief Medical Exard be used as a burial transit permit File ar remaval, and in any event within 72	18 CAUSE OF DEATH (Enter any one cause per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY Italian a crum chart yeared.	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
executed nding: a Medical permit nt withur	PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (a) Multiple gun shot wounds	
exe endi Me t pe	965 X DUE TO, OR AS A CONSEQUENCE OF	
be 'p'	Canditrons, if any, which gave and the cause (a).	
ufd rard of tr any	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
shauld be e ne ward "per ta the Chief I burial Iransit I in any even	lost (c)	
This certificate shauld icate, writing the ward be farwarded ta the Chibe used as a burial transcriber on any in emaval, and in any	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(a)	
rifica rifing ardei ardei d as	Z / A / X	Y
certif arwar used maval	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
This create, be far at remar rem	WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b TIME OF IN. JRY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Item 18	YES 🔼 NO 📆
		1 }
KAMINER: te the cert fi ge 4 shauld your fles. age 3 shauld crematian a	PRIMARY OR CONTRIBUTING HOUR A M CAUSE OF DEATH 2.4. Oap M 2-25 19 68 Shot by assailant 2.1 INJURY OCCURRED 21e PLACE OF NURY (At home, form, street, 21f. LOCATION Street or R F D No City or Town Co	runty State
the the semi-	walf not walf factory, office building, efc.)	
ICAL EXAMINER: 9 execute the cert tar Page 4 shauld ed for your fles. CTOR: Page 3 shau burial, crematian		
rcal resector for Poed for CTOR:	220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , death resulted from Notural causes , Accident , Suicide , Hamicide , Undetermined monner	ond in my opinion
director etained DIREC		
Try Strate Strat	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER (22b. DATE SIGNI	ED
UTY, Dry, be be pr	SIGNATURE STATE OF THE STATE OF	
no DEPUTY CICAL EXAM necessary, please execute the the funeral directar Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health prior to burial, crem	EXAMINER'S NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
The the Heck	230 BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d OCATION (City or Town) (Court	nty) (State)
	230 BURIAL, CREMATION, BEMOVAL (Specify) 2/29/68 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town) (Court Burial) 2/29/68 Sacred Heart of Mary Baltimore,	
B	24 FUNERAL DIRECTOR ADDRESS 1250_ REC'D BY REGISTRAR 250_ REG STRARS SIGNAL	ATURE
VR A15ME (5) 10M REV 1/68	John J. Dues, 1922 Wise Ave. Duncark, Ma. Date FEB 29 1968 golden	Es Judges



1	It	em 7a, 7b, DIVISION	MAKYLAND	STATE DEPA	KIMENI OF P	TEALTH MODE MADY	AND 21201		
FOR STATE	14	,15 Film G398	MEDICAL EXAM	MINFR'S CI	RTIFICATE (DE DEATH	AND 21201		64
HEALTH DEPT		ECTAS WAME P STATE	Mid	de CHILD		JI DEMIII	2a DATE KNOWN Manth	Dov Year	2b HOUR
	(lype or Prim) Harry	LIDSTERN		XXXXXXXXX	5	DEATH MATED 2-2		M
loy is Poge ent of	3 \$		S DATE OF BIRTH	6 AGE (In years	IF UNDER I YEAR	IF UNDER 24 HRS	2c DATE PRONOUNCED DEAD	1 00 1	2d HOUR
S S S	1.5	le White	1-6-1911	last birthday) 57 YRS	MONTHS DAYS	HOURS MIN.	Month Pay	6819 5	35pmm
e por		BIRTHPLACE (Stote or foreign 7	76 CITIZEN OF WHAT COUNTRY?	8. MAI	RIED NEVER MARR	RIED 9. COU	NTY OF DEATH		
	cour	w. Virginia	U.S.A.				ince George's		Md.
Poge Th th	10. (ITY OR TOWN OF DEATH	11 NAME OF HOSPITA	IL OR INSTITUTION	(If not in haspital		CUPATION (Kind of work done working ife, even firetised.)	12b KIND OF BUS	INESS OR
after death 8. Give Pog along with with the Sta		heverly	give street oddress) Prince God	rge Hos	pital			IMPOJIKE	
s after 18. Gir along with death.	13a	JSJAL RESIDENCE (Where decease mission) STATE	ed Lived if institution. Residence 13b. COUNTY		_		13e STREET AND NUMBER	7 73 1	
hours tem 18 Office o		Tiaryland ATHER'S NAME First	M ddle	Lost Lost		YES NO	809 Bond Mil.		
hour Item Office Iond	14. 1			rost	15. MOTHER'S MAIDE		Middle	Lost	
hin 24 nal in niner's pages haurs	Iéo	Dallas Chi WAS DECEASED EVER IN U.S. ARMED F	ORCES? 16b. SOCIAL SEC	TIPITY NO. TI	7. INFORMANT	Unknown	ADDRESS		
ithir enci min pa			war or dates al service)	OKITINO.	7. IN OKHANI		WARKESS		
should be exeruted with word "pending" in perithe Chief Medical Exorunial-transit permit File in any event within 72	┝	IR CAUSE OF DEATH (Enter only	y one couse per line far (ο), (b),	ond (c))				APPROXIMATE	INTERVAL
ixecuted nding i Medical permit nt withir		PART I DEATH WAS CAUSED			onary ed	ema		Pain 1	AND DEATH
exec ndir Mec nt v		4120	DUE TO, OR AS A CONSEQU						
pe inef		Canditians, if any, which gave	(b) Hyr	ertensi	ve heart	disease			
ord ord e Ch		rise to immediate couse (a), (stoting the underlying couse (DUE TO, OR AS A CONSEQU	ENCE OF					
should be en word "per to the Chief" burial-transit		lost.	{c}						
irate ing the ded 1 as o as o), and	Z	PART 2 OTHER SIGNIFICANT CONDI 4443 X	TIONS CONTRIBUTING TO DEATH E	UT NOT RELATED	TO THE TERMINAL DIS	EASE OR CONDIT O	N GIVEN IN PART I(o)		
certifi veriti orwar used mova	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION WAS PERF	FOR WHICH OPE	RATION			20. AUTOPSY	7
his other terms of the tree of	RFIF							YES 🔀	NO 🗌
## B P P P	MEDICAL CE	2 a EXTERNAL CAUSE WAS PR MARY OR CONTRIBUTING CAUSE OF DEATH	216 T ME OF INJURY Month I HOUR A.M. P.M.)ay, Year 2	Ic HOW INJURY OCCU	JRRED (Enter natur	e of injury in Port 1 or Port 2, li	tem 18.)	
rcal Examiner: execute the certifor Poge 4 should ed for your files. CTOR: Poge 3 show	ME		PLACE OF INJURY (At hame, form, tary, office building, etc.)	street, 2	If LOCATION Street or	R.F.D. No	City or Town	County	State
L EXAM ecute th Poge 4 or your R: Poge al, crem		AT WORK AT WORK							
Xer. Xer. Po for for ral,			ook charge of the remains d				pection X, Inquiry K		y opinion
Se e sector ned o bu		deoth resulted from:	Not you couses [X], (A	ccident,	Suicide	Homicide 🔲,	Undetermined monner		
dire dire		ACTUAL	V W. X	1		MEDICAL EXAMINE			
ITY please ex- eral director be reta ned f RAL DIRECTO prior to bur		SIGNATURE	hall	7/		TANT MEDICAL EXA	_		
		EXAMINER'S SAME (Type)	1 7 700	1-3. W		IY MED CAL EXAMII ESS(Street, city, too		2-22-68	
O DEPUTY necessory, the funera 5 may be 0 FUNERA Health pr	230	BURIAL CREMATION / 23b.		dale, Mo			LOCATION (City or Town), /	(County) (S	rate), 1
1	24	PREMOVAL IS DELLA TO	1-24, 1968 NE	ADOW RIL	SE (EME	ZIER F	ACRIDGE JACK	ARD GO	11/0
VR A15ME (5) 10M REV 1768	2	This way to	1 550 W	KH BLY	MAKEL	DATE FEB	2 9 1968	arthy free	g Ca
	-	/	1						





1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
っ / 生 P マ H	CERTIFICATE OF DEATH
of the furfer and and are alreaded and are and and are and are and are are and are	1. PLACE OF DEATH a. COUNTY Prince Georgas Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b Did to RURAL and give nearest town) Did to Georgas Maryland c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Did to Georgas Maryland b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Did to Georgas Maryland b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Did to Georgas Maryland b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
in 24 hour ling the ling of the ling of the ling 72 hour ling 72 hour line 172	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. Street address Rt, 3 Box 244 YES M NO
certificate be execuiding physician and Then please remorence.	3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR, RACE 7. MARRIED 10 MEVER MARRIED 10 MOUNTS 10 MO
HYSICIAM: The law requires that the death che hospital or attending physician. This certificate has been signed by the attendiationed for use as the burial-transit permit. Dept. of Health prior to burial, cremation, or i	(Yes, no, or unknown) (If yes give war or dates of sergice) 18. CAUSE DF DEATH LETTER only one cause per fine for (a), (b), and (c). 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (b) UN DEST AND DEATH ON SET
TO HOSPITAL OR ATTENDING PHYSICIAN. The interpretation of the page 4 may be retained by the hospital or at the form of the page 3 should be detached for use should be filed with the State Dept. of Health	County C



		1						ENT OF HEA				
7			Item#6Film#G	397 DIVISION	FAVITAL RECORDS,	301 W. PRE	STON STR	EET, BALTIM	ORE, MAR	YLAND 2120	Ī	0.0
5	1 / 1		1800	, ,		CERTIFICA	TE OF I	DEATH			U.	4563
	£ 425		CEASED-NAME ype ar print)	First	Middle		Lost		20. DATE OF	Manda	Day Year	2b. HOUR
	# B # B			Chester	L.		ooper		Feb.	5,	Doy1968 edr	8 A. M
	E E E	3. 58		4 RACE		5.	. DATE OF BIR			6: AGE (In years	SE UNDER 1 YEAR AMONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	the day	_	Male		casian			18, 190		66/67		
•	in 24 hours after death filted in by the later paper. Page - End him 72 haurs after death	7o, I	HRTHPLACE (Stole or foreign	76 CITIZEN OF U.S	what country? ◆ A ◆	8. MARRIE X	NEVER MARR	(IED	county of	Georges		Md.
	within 24 joint 24 within 72		TY OR FOWN OF DEATH	11 91 P	NAME OF HOSPITAL OR IN re street address) FINCE GEO.	STITUTION (If nat Gen 1 H	n hospital Ospita	120 USUAL C	OCCUPATION (Kind of work do	d) INDUSTRY	PF BUSINESS OR
	requires that the death certificate be executed within a physician. It is signed by the attending physician and campleter the burial-transit permit. Then please remave carbon poor burial, crematian, ar removal, and in any event, within	13a, odm	uSUAL RESIDENCE (Where dission) STATE aryland	eceased lived, if insti-			DWN 1	3d. INSIDE CITY LIMITS YES NO	? 13e. STR	EET AND NUMBER		
	d co		ATHER S NAME First	_ Middle	Lost	15. 1		IDEN NAME First		Middle	3	Last
	be exemple rem		Char	eles C.	Cooper			Rose	V.		Price	
	e death certificate be attending physician o permit. Then please an, ar removal, and i	160	WAS DECEASED EVER IN U.S		16b. SOCIAL SECURITY	NO. 17. INF	ORMANT			Address	s	
	hysin plant	Ľ	es, no, or unknown) (1f yes	give wor or dates at service)	578-09-	5161A	Mrs.	Evelyn	H. (Cooper	(above	addres
	that the death certifi an. by the attending phy transit permit. Then crematian, ar remova		18. CAUSE OF DEATH (Ent	er only one couse per	line far (a), (b) and (c))			(Wil	`e)	APPRO:	X MATE INTERVA. ONSET AND DEATH
	arth iit. ir re		PART I. DEATH WAS C	AUSED BY. MEDIATE CAUSE (0)	Arterios	clerotio	Hear	t Diseas	se, se	vere:		
	ne death attendi permit. ian, ar re		41	DUE TO, O	R AS A CONSEQUENCE OF						erct Lons.	
	the the sit production		Canditions, if any, which g		Coronary	occlusi	ons.	•				
	that an. by 1 trans crem		rise to immediate couse stating the underlying co		R AS A CONSEQUENCE OF							
	sicio sicio al-tr		last	(c)_								
	the law requires that to attending physician. has been signed by the e as the burial transit h priar to burial, cremat	×	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRI	BUTING TO DEATH BUT N	OT RELATED TO 1	HE TERMINAL	DISEASE OR CON	DITION GIVEN	IN PART I(a)		
	r attending or has been use as the alth priar to	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERATION WAS PE	RFORMED	20a AUTOP	SY?			GS CONSIDERED IN	CERTIFYING
		ĮĔ.					YES XX	X NO	CAUSES	OF DEATH? Ye.	s	
	YSICIAN: The aspital or at certificate had far use the at the attention of		21g. ACCIDENT WAS UNDER	REYING 276 TIME	OF INJURY		INJURY OCCU	JRRED (Enter no	iture of injury	in Part 1 ar Par	t 2, Item 18.)	
	E E E E E E E E E E E E E E E E E E E	MEDICAL	(If either, notify medical e	F DEATH HOUR A.M xaminer) P.M	Λ. 1	9						
	PHYS he has this ce letache Dept.		21d. INJURY OCCURRED While Not while at work	21e. PLACE OF INJUR	AT HOME FARM, STREET, FA OFFICE BUILDING, ETC	(TORY.) 21f. LOCA	TION Street	or R.F.D No.	City o	or Town	County	Stote
	by the fiter be desirated		22a. I certify that (I) saw the decease causes stated al	(this sheapital) o	ttended the deceas	ed fram	Eu/	, 19_0	_, ta <u></u>	eb. 5,	19 <u>68</u> , tho	t (I) (week last
	ed ed he s		saw the decease	a alive an Fet	(V/ 12 1 - A ujasu tha	1968, drid 1	hat in (my	/) (2011) apinio	in death a	ccurred an the	date and havi	rand fram the
	ATTENI stained crok: / shauld ith the	П	22b. SIGNATURE	Jove, (i) pere) (uii) (Stokococ) view file	pour uner de	Sitt.				22c. DATE SIGNED	
	OR Job re 3 e d wij	ш	Signatura V	211111	, Olyma	LLA DEGREE	ATTENDING PHYS.	MED.	стов П	STAFF PHYS.	ZZC. DKIL JIGHED	
	A P P P P P P P P P P P P P P P P P P P		22d. PHYSICIAN'S	COLUCION	xx y / j 4	100	22e. ADDR	-04	CTOK —	£1115. ——		
1	PE BE		NAME (Type)	Samuel Sug	gar, M. D.		4637	Easter	n Ave.	Washir	ngton, D.	.C.20038
ja.	O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 shauld should be filed with the	230		23b. DATE		CEMETERY OR CE				(City or Town)	(County)	(State)
	P P P P P P P P P P P P P P P P P P P		REMOVAL (Seechy)	0/0/00	The end-	Towns Ba	amleat	Cem.	East	t New 1	larket,	Md.
	VR A15 (4)	24	FUNERAL DIRECTOR Na.1	ley's F	anera Laddress	Mt.Rai	nier,	2So. REC'D BY R	EGISTRAR	2Sb REGISTR	AR'S SIGNATURE	4 - 40
	30M REV. 1/68	L	Home Inc	•	TATE	aryland	1	DATE FEB	131	968 /	, , , , , , , , , , , , , , , , , , ,	endorg.

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JZ985 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED NAME Frst M: didte last 2a DATE KNOWN Month 2b HOUR (Type or Print) ESTI-Hannie DEATH MATED 1 2-23-68 Criddle 19 8 00amM delay and 3 (3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In yours IF LINDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 2d. HOUR fost birthday) Модth 7egr - 689 9: 4 Oam M Female White 9-26-1879 YRS 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARR ED 9. COUNTY OF DEATH U.S.A. W DOWED TO DIVORCED [Prince George's Poges 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hasoital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) Prince George Hospital INDUSTRY during most of working lite, even if retired) Cheverly e certificate, writing the ward "pending" in pencil in Item 18. Give should be forwarded to the Chief Medical Examiner's Office olong 130 JSUAL RESIDENCE (Where deceased lived, 1 institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER after deoth. PAINCE George Cottage City YES NO 3706 37th. Place 14. FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME John Hainey Unk hours 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (Yes, no, or unknown) 05 7706 May Miteside Cotta e city, event within 72 APPROXIMATE (MTERVÁL BETWEEN ONSET AND GEATH be executed 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Heart failure minutes DUE TO OR AS A CONSEQUENCE OF Arteriosclerotic heart disease over 5 yrs. Conditions, if any, which gave rise to immediate cause (a), certificate should DIJE TO, OR AS A CONSEQUENCE OF stating the underlying couse Ξ + 2 1 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(a) 0 Diabetes mellitus - over 20 years. removal, 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [7] NO [23] 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter notive of injury in Port 1 or Part 2 Item 1B) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremotion. CAUSE OF DEATH 21d ANJURY OCCURRED 21e PLACE OF INJURY (At hame farm street 21f LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) WHILE NOT WHILE T 220. I certify that I took charge of the remains described above, held an Autopsy ... Inspection . Inquiry 🔀 ond in my opinion Notoral causes . Accident . Suicide . deoth resulted from: Homicide Undetermined monner CHIEF MEDICAL EXAMINER **ACTUAL** 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 2-23-68 DEPUTY MEDICAL EXAMINER (XX **EXAMINER'S** O FUNE Health NAME (Type John ADDRESS(Street city town, or county) Kehoe MD Riverdale, Md 23a BUR AL CRIMAT ON 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (State) REMOVAL (Specify) 2-26-1968 Thornrose Cemetery Staunton, Virginia 250 RECD BY REGISTRINGS 250 LANGE RASCAPATION OF THE PROPERTY 24 FUNERAL DIRECTOR ADDRESS uneral Fome Mt Rainier, Id. VR A. SME (5) 10M REV 1/68



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Į.I	tem 7a,7b,13c,	maktlan division of vital records, ap 02987	O STATE DEPARTMENT OF 301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	. U.S. Add
1	.1m G398 3/4/68	ap 02987 (ERTIFICATE OF DEATH	1	3 K 14 Ha
	DECEASED-NAME First (Type or print)	Middle	Lost	20. DATE OF DEATH	2b. HOUR
L	Ar	nie Mae	Dalton	Feb. Month 22, Do	3:35P
3.	SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
L	Female	Caucasian	10/11/94	73** YRS	NUMITIES ON 15 TOOKS . WITH
70	BIRTHPLACE (State or foreign	76 CH ZEN OF WHAT COUNTRY?	8 MARRIED A NEVER MARRIED	9. COUNTY OF DEATH	
	Virginia	U.S.A.	WIDOWED DIVORCED	Prince Georges	N
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If not in haspital 120 U	ISUAL OCCUPATION (Kind of work done most of working life, even if retired.)	
L	Cheverly	Prince Geo.G	en'i Hospital		
13e	USUAL RESIDENCE (Where decease	d lived, if institution: Residence before	13; CITY OR TOWN 134 INSIDE CO		
	nission) STATE Maryland	Prince Georges	Leurian/	NO 19104/ Good /Lú	
14	FATHER S NAME First	Middle Lost	15. MOTHER S MAIDEN NAM	-	Lost
L	John	Overly	Mary		Kinney
16	o. WAS DECEASED EVER IN U.S. ARMI Yes, no, or unknown) (It yes give wo	ED FORCES? 16b SOCIAL SECURITY I		Address	Same as
				Dalton (Husbar	ad) # 13.
L	DADT 1 DEATH MAS CAUSED	one couse per line for (a), (b), and (c):			BETWEEN DISET AND DEATH
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	r 100 M 111	DUE TO, OR AS A CONSEQUENCE OF	abscesses ne	crotizing papillit	is
П	Conditions, if any, which gove) rise to immediate couse (a),	(b)			
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	last. (100	(t)	AT DECITED TO THE TERMINAL DISCLET	On columnia and the column at the	
		DITIONS CONTRIBUTING TO DEATH BUT NO		OKCOMBITION GIVEN IN PART 1(0)	
Ĩ Ŝ	Pulmonary T	hrombo-emboli, rigon on the composition for which operation was per	Zht RFORMED 20g. AUTOPSY?	206 IF YES, WERE FINDINGS	CONCIDEDED IN CERTIFYING
FICAI	170. DATE OF OFENARON 170. C	ONDITION FOR WHICH OFERATION WAS FE		206 IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFING
CERTIFICATION	216 ACCIDENT WAS UNDERLYING	3 21b. TIME OF INJURY		nter noture of injury in Port 1 or Port 2,	Item 181
		HOUR A.M. Month Doy Year		inter the least of injury in the correct of the correct of	1001
MEDICAL		PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETE		No. City or Town	County State
	While Not while at work of work	OFFICE BUILDING, ETC			
	22a. I certify that (I) (the	r hospitali attended the decease	ed from 19	169, to 2422.19	e that (I) (vente
	saw the deceased al	ve on	9 & Land that in (my) (our)	apinian death occurred on the d	ate and have and from t
	causes stated abave,	(t) (we) (did) (did not) view the	bady after death.		
	22b. SIGNATURE	11.12	ATTENDING	ALED STAFE	DATE SIGNED
	22d. PHYSICIAN'S	Chypritz	DEGREE PHYS 22e. ADDRESS	DIRECTOR PHYS. F	eb. 23, 1968
		Levitsky, M. D.		le Island Ave., Mt	. Rainier Md.
22	PUDIAL CRESSATION 23h D	ATE 23, NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
. 23	REMOVAL (Specify) Fel	5.26.68 Cedar	Hill Cemetery		
24	- A1111111	ADDRESS 1661-Gd. Hope	Wash 250, REC		
1 0	mmone Bros	7661-Cd. Hone	Rd. SE. DC E	ED 2 6 1988 1000	27667 1000



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTHMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 DICKESS BARM [First Middle Middle	-		MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH Control Co	1	1	○ 🖁 🌣 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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The state of the s	lled	10	ITY OR TOWN OF DEATH III NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OF
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The state of the s	e du ex	14	IS. MOTHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Lost
The state of the s	be difficult	1	John DAMEROII SARAK DAMERON
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While Not while office building feet Not work Not work Office building feet Not work Not work Not work Office building feet Not work Not work Office building feet Office building feet	Z = = = =	Ē	Iff either, notify medical examiner) P.M. 19
220. I certify that (I) (this haspital) attended the deceased from 19 4, ta 19 4, that (I) (we) last saw the deceased alive an 19 4, and that in (my) (our) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view fire bady after death. 220. Physician's NAME (Type) 221. Physician's NAME (Type) 222. DATE SIGNED 222. DATE SIGNED 222. DATE SIGNED 222. DATE SIGNED 223. BURIAL, CREMATION, 23b DATE 230. BURIAL, CREMATION, 23b DATE 231. BURIAL, CREMATION, 23b DATE 232. NAME OF CREMETERY OR CREMATORY 233. BURIAL, CREMATION, 23b DATE 234. FUNERAL DIRECTOR Causes SIGNATURE 235. RECT BY REGISTRAR'S, SIGNATURE 244. FUNERAL DIRECTOR Causes SIGNATURE 255. REGISTRAR'S, SIGNATURE 256. RECT BY REGISTRAR'S, SIGNATURE 256. RECT BY REGISTRAR'S, SIGNATURE 256. RECT BY REGISTRAR'S, SIGNATURE 256. REGISTRAR'S, SIGNATURE 256. RECT BY REGISTRAR'S, SIGNATURE 256. RECT BY REGISTRAR'S, SIGNATURE 256. REGISTRAR'S, SIGNATURE 257. RECT BY REGISTRAR'S, SIGNATURE 258. REGISTRAR'S, SIGNATURE 259. RECT BY REGISTRAR'S, SIGNATURE	HAYS a span to a part.	 ≅	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. No. City at Town County State
22a. I certify that (I) (this haspital) attended the deceased from 19 day, and that in (my) (our) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did not) view file bady after death. 22b SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22d. PHYSICIAN'S NAME (Type) 23d. BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. BURIAL, CREMATION, BURIAL DIRECTOR 23d. BURIAL, CREMATION, BURIAL DIRECTOR 24. FUNERAL DIRECTOR 24. FUNERAL DIRECTOR 25d. REC'D BY REGISTRAR'S, SIGNATURE	b de tail	ı	111110 1101 William
VR A15 [4] 24. FUNERAL DIRECTOR Robert & Williams & ADDRESS Secultarian 1250 REC'D BY REGISTRAR'S SIGNATURE	ING by ther tet	1	220. I certify that (I) (this haspital) attended the deceased from 7-129, 19 68, ta 2-1, 19 68, ta 19 68,
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\ <u> </u>	1	MARYLAND STATE DEPARTMENT OF HEALTH	
-1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	02374
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH A BPT.		DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Di (Type of Print) OF ESTI-	'
v 0 8	\perp	Peter Edward Dansberry Death Maied 🖸 2-26-	
deloy M3 Po 3	3 5	lost birthday) MONTHS DAYS HOURS MITH Manth Day	2d HOUR
\$ \$ \$ \$ \$	L	Male White 2-9-1900 68 YRS MONTHS ONYS HOURS MAN MAN MAN Pay	6819 3:05pmm
Sep. 2	7a	B.RTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
forr forr	100	MINDOWED DIVORCED Prince George's	Md.
eoth Pogie Sta	10	CITY OR TOWN OF DEATH I III NAME OF HOSPITAL OR INSTITUTE ON (It not in hospital III III) USUAL OCCUPATION (Kind of work done III)	b KINO OF BUSINESS OR DUSTRY
hours ofter death iny del Item 18. Give Pages 1, 2 and Office alang with form PM3 I and 2 with the State Departme		Cheverly Prince George Hospital STONE MASON	DOSIKI
an Signature of the state of th		SUAL RESIDENCE (Where deceased lived, functitution Residence before 13c CITY OR TOWN 34 MISIDE CTY LIMITS? 13e. STREET AND NUMBER	
2 w dec		odmr. 201 y Thend Prince George Seabrook YES NO 6410 98th. Av.	enue
hours ofter Item 18. Giv Office olang Tond 2 with after death	14	FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Lost
24 h in It rs 0 rs 0 irs al		UNKNOWN	
INER: This certificate should be executed within 24 hours ofter death e certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiners Office along with form files. 3 should be used as burial transit permit File pages fond 2 with the State Deation, or removal, and in any event within 72 hours after death		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17, INFORMANT	AE AS # 13
l within n pencil Examinel File page		(Yes, no, or apknown) (Hyas give wor or dates of service) 579015997 A MRS FRANCES ALDANSSEARY SAID	
Pie Q		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in net Medical Eonsit permit Fevent within		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Acute coronary occlusion	minutes
exe mdi Me mt m		DUE TO, OR AS A CONSEQUENCE OF Coronary arteriosclerotic heart	
the forms in the f		Conditions, if only, which gove)	vears
Displayed by the part of the p		stoting the underlying couse (a) DUE TO, OR AS A CONSEQUENCE OF	
should be en the word "peloto the Chief" of the Chief "buriol tronsit		lost. (c)	
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This certificate should be executed with ficote, writing the word "pending" in perbe forwarded to the Chief Medical Exact be used as buriol transit permit File or removal, and in any event within 72	_	4201	
certil , writ orwar used movo	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
his (ote, e fol	1	WAS PERFORMED?	YES X NO
fico fico I be Id b	₩	210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item	18)
KAMINER: Ti te the certifice ge 4 should by your files. age 3 should I cremation, or	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
	¥		County State
EXAMINER: tute the cert age 4 should r your files. Page 3 should.		WHILE NOT WHILE toctory, office building, etc.) AT WORK AT WORK	
JICAL EXAM lease execute the director. Page 4 etained for your DIRECTOR: Page		22a. I certify that I taak charge of the remains described above, held an Autopsy 🔀 , Inspection 🕱 , Inquiry 🔯 .	ond in my opinion
bical E lease execu- lease execu- director. Pa stained for DIRECTOR: if		deoth resulted from: Noturghauses X. Accident, Suicide . Homicide . Undetermined monner	
please e l'director retained l'DIRECT		CHIEF MEDICAL EXAMINER	
그 어느 트로 음		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 226 DATE SIG	NED
		FXAMINER'S DEPUTY MED CA. EXAMINER \(\square\) 2-27-	-68
TO DEPUTY necessory, p the funeral 5 may be ra 10 FUNERAL Health prior		NAME (Type) John Kehoc ID Riverdale, Md. ADDRESS(Street, city, town, or county)	
To DI The the 1	230		ounty) (Stote)
0	13		MARYLAND
(A)	24	FUNERAL DIRECTOR 256 REGISTRAR SIG	
VR A15ME		N.W. CHAMBERS (RIVERDALE, MARYLAND DATE MAR 1 1968 golia	year your

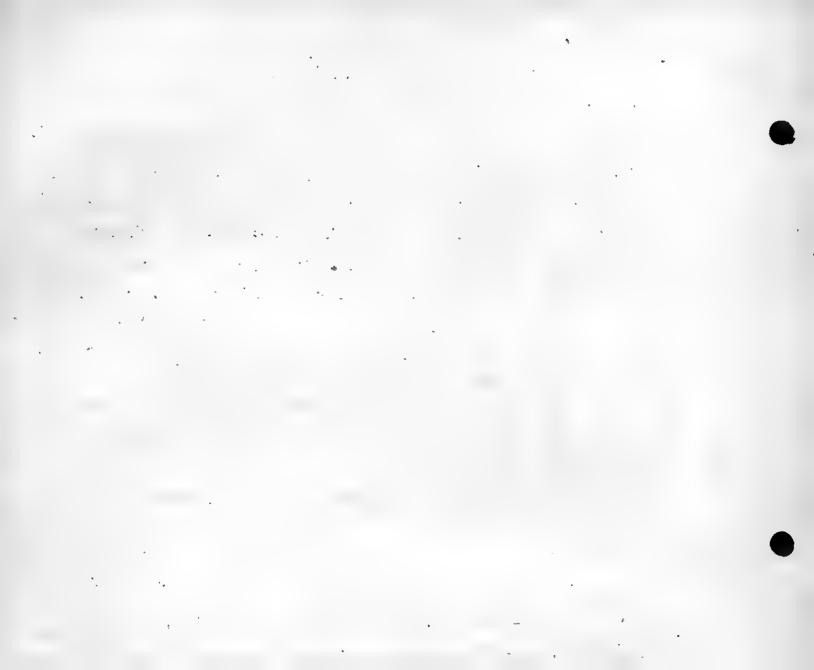


	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	02990 CERTIFICATE OF DEATH 32975
€ -2\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1 DECEASED NAME First Middle Last , 2a. DATE OF DEATH (Type or pnnt) , Manth Day Year 2b Hour
er death funerol l ondr	MARY BREWER DAVIS 2 29 68 11 PM
after death te funerol ges I ond after death	3. SEX S. DATE OF BIRTH Cut 25-1881 6. AGE (In years IF UNDER 24 HRS IGURE VEAR IF UNDER 24 HRS MIN. Out 25-1881
E CONTRACTOR	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARCHIS TO WARRY OF DEATH
d in 72 h	Mary and US WIDOWED DIVORCED FRINCE GEORGES MA
fille fille thin	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR
l with	13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 3d INSDECTIVE LIMITS? 13e STREET AND NUMBER
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the function of director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1, should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in ony event, within 72 hours after the state Dept.	admission) STATE D.C. 13b. COUNTY (Washington) YES NO 2440 1612 St.
a external of the nony	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
te be	16a WAS DECEASED EVER IN U.S. ARMED FORCES? [16b SOCIAL SECURITY NO 17 INFORMANT Address
iffica hysic n ple val, c	Yes, no, or unknown) (If yes give wor or doings of service) 579-60-0343 Nungreen Home - Hinthy Fillo. m. &
ng p The	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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phy sign burn	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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OR ATTENDING PHYSICIAN: be retained by the hospital or DIRECTOR: After this certificate pe 3 should be detached for u ed with the State Dept. of Heal	
rsic spit certif hed t. of	(If either, notify medical examiner) P.M. 19
ATTENDING PHYSICIAL efained by the hospital CTOR: After this certifical should be detached fourth the State Dept. of Head of the	While Nat while of work of the state of the
by the free be described	220. I certify that (I) (this-hospital) attended the deceased from 1/20, 1966, ta 2/29, 1968, that (I) (we) last saw the deceased alive an 1968, and that in (my) (our) opinion deoth accurred on the date and hour and from the rayes stated above (I) (with the last view the body effect death)
R: A pull the the	saw the deceased alive an
ECT of shift with with the shift of the shif	22b. SIGNATURE 22c DATE SIGNED
L OR ry be ry be ry DIRE	22d. PHYSICIANS DEGREE ATTENDING PHYS. DIRECTOR PHYS DIRECTOR DIRE
ro Hospitat. Page 4 may O FuneRal L director, pog should be fill	NAME (Type) HAROLD W. DRAPER M.O 980/ GEORGIA AVE; Silver Spring, hole
Page direct	23a. BURIAL (REMAT ON, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
17,111	BEMOVAL (Specify) 3 14 68 Monacace Beellville Monte 24 FUNERAL DIRECTOR ADDRESS T 250. REC'D BY REGISTRAR'S SIGNATURE
OM REV. TX	F. Gasch's Son's Hyallsville, Med DATE MAR 7 1968 yelisales Judge



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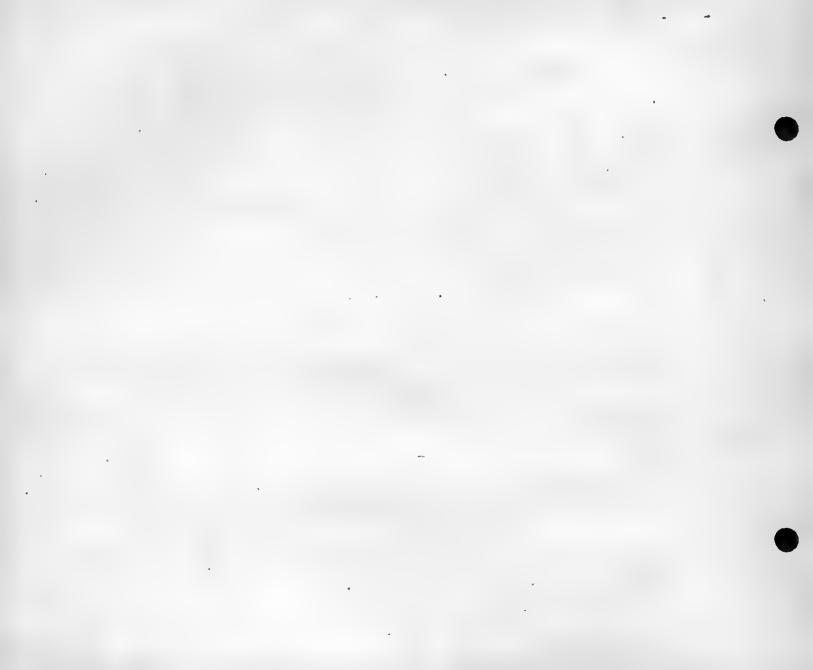




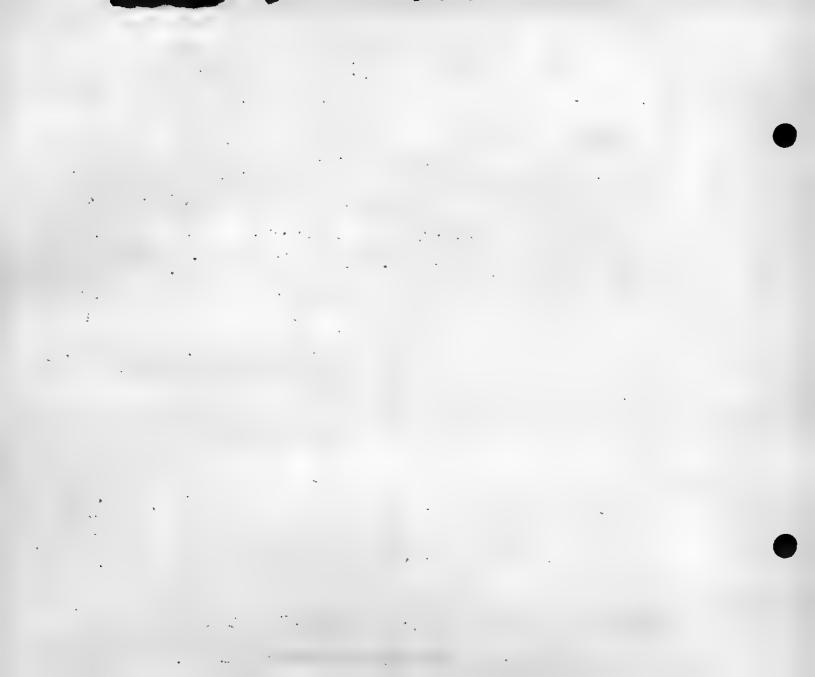




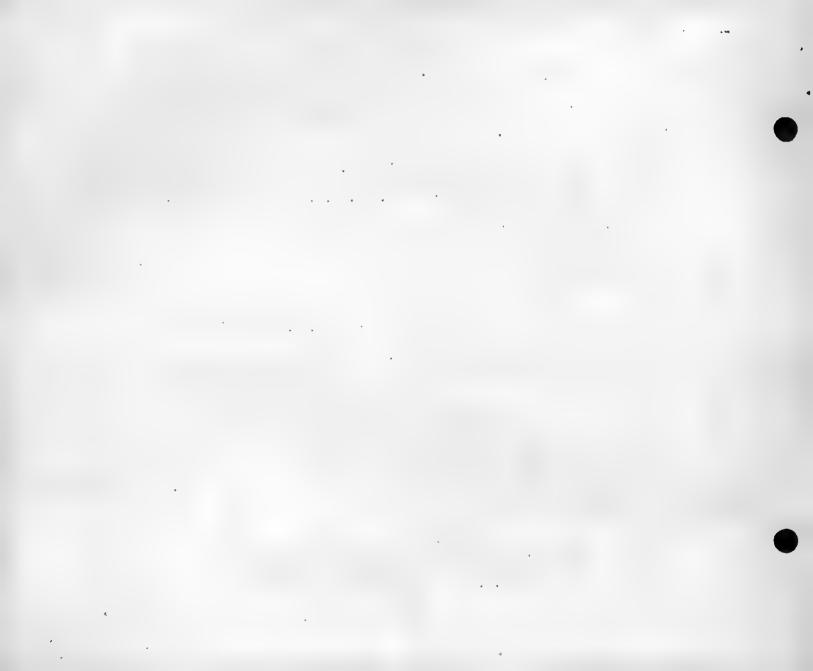
2	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR CHIEF	7		28.
FOR THATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	, ., .
HEALTHLDEPT.		DECEASED-NAME First Meddle Lost 20 DATE KNOWN Month Type or Print) CF ESTI-	Doy Year 25 HOUR
Poge Poge		James Nathaniel DeVaughn DEATH MATED ☐ 2-25	5-68 194:50amM
elay a 3 i. Po i. Po	3 5	Tel pint i mendo dello peno	2d. HOUR
ny delay 2, and 3 pM3. Po.		ale l'egro 9-26-1926 41 MS 2 25	Yeor 6819 4:50amM
8		BIRTHPLACE (Stote or foreign 75. CITYZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
Poget Form Form Form		lorence S.C. U.S.A. WIDOWED Prince George's	Md
	10. (126 KIND OF BUSINESS OR INDUSTRY
offer de 8 Give olong worth the Jeoth.		Theverly Prince George Hospital Laborer	Construction
offe alon with leoth	130	USUA. RESIDENCE (Where deceosed lived, if institution. Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
hours offer death tem 18 Give Poge Office along with ond 2 with the Sto		District of Columbia Tashington YES NO 1510 Olive S	Street M.E.
24 hours offer dea in Item 18 Give Peris Office along well as I lond 2 with the Straffer death.	14. [FATHER S NAME First Middle Lost IS, MOTHER S MAIDEN NAME First Middle	Lost
24 in lin lin lin lin lin lin lin lin lin l	_	Armous DeVaughn Martha Abron	
within 24 pencil in xaminer's ile poges 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (es, no, or unknown) (if yes give wor or dotes of service)	
		None No Willie M DeVaughn-1510 Olive St.	
be executed "pending" in rief Medical E onsit permit F		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
xecuted nding" i Medical permit nt withir		IMMEDIATE CAUSE (a) Epidural hematoma, massive, right	2 days
sit p		DUE TO, OR AS A CONSEQUENCE OF Skull farcture Conditions, if only, which gave)	2 days
d be d 'i Chie from y ev		rise to immediate couse (a). (b) I I Carr I I Escariat	
should be en word "per to the Chief of the C		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
e should the word to the C a bur.ol-tr		(c)	
necessary, please execute the certificate, writing the word the funerol director. Page 4 should be forwarded to the Cl 5 may be retained for your files. To FUNERAL DIRECTOR: Page 3 should be used as a buriot-tre Health prior to buriol, cremation, or removal, and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
writificat writing rworded rsed as a	FION	190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
emo	CERTIFICATION	WAS PERFORMED?	YES NO
ER: This certificate, ould be for es. inould be union, or reminent	CERT	210. EXTERNAL CAUSE WAS 21b TIME OF NURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, It	em 18)
INER: e certifi should files. 3 should ation, c	MEDICAL	I PRIMARY E → OR CONTRIBUTING L > L MUTRA M	
3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	MED	21d INHIDY OCCUPED 121 PLACE OF INHIDY (As home & to the Association Control of the Association Contro	
EXAMINER: ute the cert oge 4 should your files. Poge 3 shou		WHILE AT WORK AT WORK In front of Franks Tavern, 1703 Kenilworth Ave. Beaver I	Joichte Ma
L EXA ecute Poge for you R:Pog Riol, cre		220. I certify that I taok charge of the remains described above, held on Autopsy X, Inspection X, Inquiry E	and in my oningen
ICAL bexector. Per Per Portion Purion		deoth resulted from: Natural causes, Accident	
please please retained ior to bridge by		CHEF MEDICAL EXAMINER	
and the same		ACTUAL SIGNATURE	SIGNED
dary, der		11.0.	2-26-68
o DEPUTY SICA necessary, please ex the funeral director. 5 may be retained for EUNERAL DIRECTO Health prior to buri		NAME (Type) John Kehoe ND Riverdale, Md. ADDRESS(Street city town, or county)	
6 a d 2 d 4 d 4 d 4 d 4 d 4 d 4 d 4 d 4 d 4	230	BUR AL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town)	(County) (State)
2		REMOVAL (Specify) Burial 3-2-68 Lincoln Memorial Suitland, Mary	land
The state of the s		FUNERAL DIRECTOR 2015 TADDRESS 250 RECD BY REGISTRAR 250 REGISTRAR 250 REGISTRAR 3	SIGNATURE #3
VR A15ME (5) OM REV 768	LJC	Shn.T. Rhines Co. Washington, D. C. DATE MAR 4 1968 files	nes judge



_	B .			D STATE DEPARTMENT OF				
2- 1-	1	.>997	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BAI	ITIMORE, MARYLAND 21201	02982		
(1)	CERTIFICATE OF DEATH							
	<u> </u>	COLORD HAMP				- 100 HOUSE		
14 = = 5 = 1		ECEASED-NAME First (ype or print)	Middle	Lost	2a. DATE OF DEATH 7 - 0 Month Doy	Year // C.		
after death he funeral ges 1 and after death	Ι,	Ade	line L.	HIXEN'	FEB. Month 29 Doy	19/37 4 P.M.		
fun ju	3 5	X _	4 RACE	S DATE OF BIRTH	6. AGE (In years	FUNDER 1 YEAR FUNDER 24 HRS		
s afte the f ages rs afte		FEMALE	Agaza.	MARCH 15 /	the land to labellar to T	MONTHS DAYS HOURS MIN		
SS # BS	<u> </u>		Carcusian	17.				
3 3 5		1-1	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH			
4 1 in 25 25	(00)	MINN.	U-5-A.	WIDOWED DIVORCED	YRINCE (SEL	DRGES Md		
Hin 77	10 (ITY OR TOWN OF DEATH	13 NAME OF HOSPITAL OR IN	STIT JIDN (If not in haspitor 12a US	SUAL OCCUPATION (Kind of work done	196 KIND OF BUCINESS OF		
within the party of the party o			give street address) REG	ENT NHERSING YEAR Drying	WAL OCCUPATION (Kind of work done most of working life, even if retired) SEWIFE POSTOFFICE CA	INDUSTRY		
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eve eve	rogiji	SSION SUASA D.C.	13b COUNTY	WASL DC YES	NO 1 28/6 Q ST.	S.E.		
Xec TCC	14.	ATHER S NAME First	Middle Lost	15. MOTHER 5 MAIDEN NAME	First Middle	lost		
and rem	1	t to the second		4	1	1031		
d sa	⊢	Louis	INGEBRE					
ertificate be physician a nen please aaval, and in	100	WAS DECEASED EVER IN U.S. ARME es, no, or unknown) (17 yes give war	D FORCES? 16b. SOCIAL SECURITY		Address			
iffi syd c	l '	ES, III, OI OILKIIOWII)	579 482	762A Willied Si	displan que 130	C, E		
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death the haspital ar attending physician. This certificate has been signed by the attending physician and campletely filled in by the funeral stacked far use as the burial transit permit. Then please remave carban papers. Pages 1 and Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death		IR CAUSE OF DEATH (Enter only	one course per line for for (h) and (c)	1	/ 1 . 0	APPROXIMATE INTERVAL		
- in		PART I. DEATH WAS CAUSED	one couse per line for (o), (b) and (c) BY.	Kan Kan	1 6 6 60	BETWEEN ONSET AND DEATH		
a iti		IMMEDIAT	E CAUSE (o)	100 Garage	1 julyer	the ge,		
ie death cer attending p permit. The	1	7124	DUE TO, OR AS A CONSEQUENCE OF	/ . / // X		(Spo)		
at a title	L	Canditions, if any, which gove	(b)	2(11/		17		
y ± ma		rise ta immediate couse (a),	DUE TO, OR AS A CONSEQUENCE OF	1. 1.		11/1/2		
+ 5 2 2 5	1	stating the underlying cause	DOE 10, OK AS A CONSEQUENCE OF	1 Distru	(1 //)	11 (12/18/2)		
equires that thy physician. signed by the burial transit burial, cremain	1	lost + · ·	(c)	1 11	- A -			
Physical Phy		PART 3. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE O	RECONDITION GIVEN IN PART 1(0)			
ng en to	- Z	16, 120	30 aurus	1 reuled				
hadian parameter	CERTIFICATION	19a, DATE OF OPERATION 19b. Co	ONDITION FOR WHICH OPERATION WAS PE		20b IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING		
as as pro-	5			YES NO [CAUSES OF DEATH?			
± 5 d as 4		2) - ACCIDENT MAS INICEDIVANO	Ton The De Willey		_	10.10		
de cat		216. ACCIDENT WAS UNDERLYING	21b TIME OF INJURY HOUR A.M. Month Day Year	21c HOW INJURY OCCURRED (En	ter noture of injury in Part 1 or Part 2, 1	item IB.)		
D 看 有 是 4 △	MEDICAL	OR CONTRIBLTING CAUSE OF DEATH	r) P.M.					
V 5 5 5 5 7	墨	21d. INJURY OCCURRED 21e P	LACE OF INJURY (AT HOME FARM, STREET, FA	CTORY, 21f. LOCATION Street or R F.D. I	Na City or Town	County State		
PH sin his tage of the phase of		While Not while of work of work	OFFICE BUILDING, ETC.	16.11	,	1		
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OR ATTENDING be retained by th SIRECTOR: After t e 3 should be de	1	22a. I certify that (I) (this	hospital) attended the deceas	ed fram J , 19	pinian death occurred on the do			
N P S P P	ı	sow the deceased coll	(I) (we) (did) (did not) view the	hady after dooth	pinian death occurred on the do	te ond nour ond from the		
Tie Spirit			(i) [we) (did) (did flot) view file	body offer deoffi.		DATE CLOSES		
Marie Paris		22b SIGNATURE	239	ATTENDING (7)	MED. STAFF - ZZC. I	DATE SIGNED		
e E e E			touch of a	DEGREE PHYS	DIRECTOR PHYS.	2/ 24/06		
A V S	1	22d. PHYSICIAN'S		22e. ADDRESS				
PIT WAS "T each		NAME (Type)						
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial transhauld be filed with the State Dept. af Health priar to burial, creased.	220	BUR AL, CREMATION, 23b. D.	TE 22. MASSE DE	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)		
# 90 = 15	230	REMOVAL (Sportly)	11 1915 F1 0	Canalian Carmaticy	131 17 1	and D		
2 2 2		REMOVAL (Sporting Man	4 1968 Ft.Sc	ncoln Crematory		1100		
VR ALE (A)		FUNERAL DIRECTOR	ADDRESS	2So. 1950	BY REGISTRAR 1968 REGISTRARS	SIGNAL JRE		
30M RE		V. W. Cham	les 1400 CA	Rape St. N W DATE M	AK D 1000			
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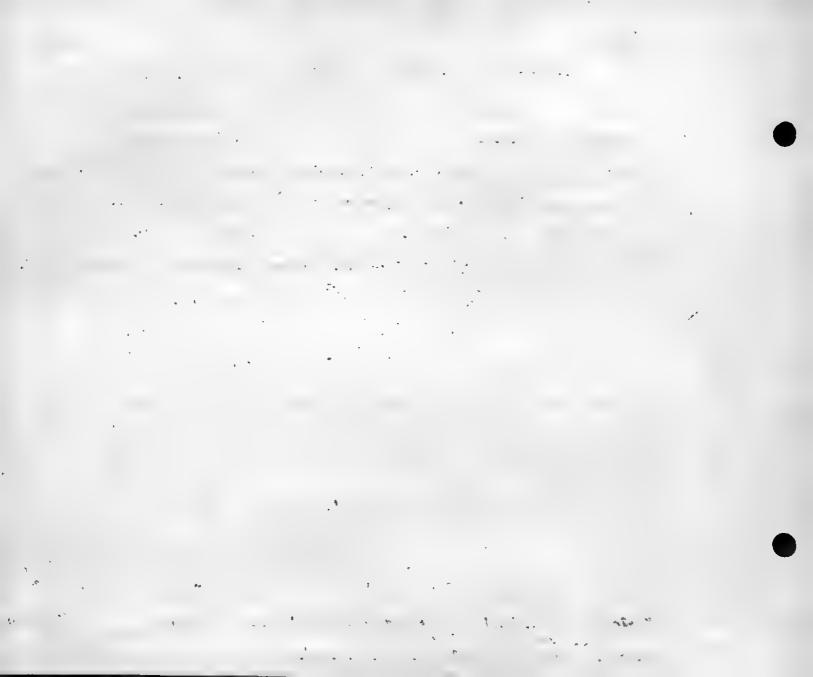


MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	5 5 . 7
FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH	le com
(Type or Print)	eor 20 HOUR
Lawrence L. Dorsey DEATH MATED 2 3	168 PN
lost birthday) Months DA'S HOURS Milk Month 2 Day 3 Year	,68 1:03
70. BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
D. C. H.S.A. WHOMED Prince George's	M
The control of the co	OF BUSINESS OR
Cheverly Frince Corge's Gen. Hosp. Give street oddress) Cheverly Frince Corge's Gen. Hosp. METROPOLITAN POLICEMAN 130 USUA. RESIDENCE (Where deceased uver, if institution Residence before 13c CITY OR TOWN 134 INSIDE CITY UNITY 135 STREET AND NUMBER	
130 LSUA. RESIDENCE (Where deceosed avery of institution Residence before 13c CITY OR TOWN odm ssion) STATE; 136. COUNTY Wash. D.C. YES NO 1500 19th Street.	
Se Se 47 odm ssion) STATE, \Back COUNTY Wash. D.C. VIS \NO □ 1500 19th Street,	
130 LSUA. RESIDENCE (Where deceosed every of institution Residence before 13c CITY OR TOWN odm ssion) STATE: 13c LSUA. RESIDENCE (Where deceosed every of institution Residence before 13c CITY OR TOWN odm ssion) STATE: 13c LSUA. RESIDENCE (Where deceosed every of institution Residence before 13c CITY OR TOWN 13d institution 1	Lost
160. WAS DECEASED EVER IN U.S. ARMED FORCES? [Yes, no, or Linknown] [1 yes give wor or dates of service] 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
YES ROSETTA DORSEY - 1500-19th Street. S.	E .
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) PART I. DEATH WAS CAUSED BY	N ONSET AND DEATH
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute pulmonary edema	
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove	
Conditions, if ony, which gove rise to immediate cause (a) stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
PART I. DEATH WAS CAUSED BY PART I. DEATH WAS CAUSED BY PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute pulmonary edema DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stoting the underlying cause lost. (b) Generalized peritonitis DUE TO, OR AS A CONSEQUENCE OF lost. (c) shot gun wound of abdomen	
(c) shot gun wound of abdomen PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(0)	-3
# E P O U 1 / / 4 V	
90. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 19c. CONDITION FOR WHICH OPERATION 19c. CONDITION FOR WHICH OPERATION 20 A WAS PERFORMED? gun shot yound of abdomen 21 EXTERNAL CAUSE WAS 21 D. TIME OF INJURY Month, Day Year 21 D. TIME OF INJURY Month, Day Year 22 D. EXTERNAL CAUSE WAS 23 D. TIME OF INJURY Month, Day Year 24 D. TIME OF INJURY MONTH, Day Year 25 D. TIME OF INJURY MONTH, Day Year 26 D. TIME OF INJURY MONTH, Day Year 27 D. TIME OF INJURY MONTH, Day Year 28 D. TIME OF INJURY MONTH, Day Year 29 D. TIME OF INJURY MONTH, Day Year 21 D. TIME OF	UTOPSY?
WAS PERFORMED? gun shot wound of abdomen	ES NO
2 The final and the control of the c	
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WHILE AT WORK X AT WORK IX AT WOR).C.
WHILE AT WORK IN NOT WHILE I foctory office building at 380 Eastern Avenue, I.E. Jashington I 220 I certify that I took charge of the remoins described above, held on Autopsy X. Inspection X., Inquiry X., and death resulted from Nother Courses Accident Suicide Windows Undetermined monner X.	in my opinior
deoth resulted from Notyrol couses , Accident , Suicide , Homicide , Undetermined monner	
deoth resulted from Notural couses , Accident , Suicide , Homicide , Undetermined monner CHIEF MED CAL EXAMINER ACTUAL SIGNATURE ACTUAL SIGNATURE EXAMINER'S NAME (Type) DOWN Kehoe L.D., Liverdale, Marylandaddress(Street, cty. town, or county)	
ACTUAL SIGNATURE ACTUAL	
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SIGNATURE SIGNATURE EXAMINER'S NAME (Type) SIGNATURE SIGNATURE EXAMINER'S NAME (Type) SIGNATURE SIGNATU	16
DEMINE CONTROL (Seeding)	(State)
Burial 2-7-68 Lincoln Memorial Suitland, Maryland 24 FUNERAL DIRECTOR John T. Rhines Company DDR Uneral Home 250 REC D BY REGISTRAR 256 REGISTRAR 5 SIGNATURE	



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH . -) (: 1. DECEASED NAME First Middle lost 20. DATE OF DEATH 2b. HOUR (Type or print) Month Doy 1968 Yeor Margaret CAOWN Dugan Feb. 6:15 PM 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR popers Pages I hin 72 hours after IF UNDER 24 HRS. lost birthdoy) MONTHS HOURS White 7-25-84 Female. YRS 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) U.S.A. Virginia DIVORCED I Prince George's WIDOWED -10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street oddress)
Prince Geo. Gen'l Hospital during most of working life, even if retired) INDUSTRY remove carban in any event, wit Cheverly own home 30 LSJAL RESIDENCE (Where deceased lived, if institution; Residence before 13d INSIDE CITY LIMITS? 13c CITY OR TOWN 13e STREET AND NUMBER requires that the death certificate be executed odmission) STATE Prince George's YES NO Hvattsville 7200 Md. Blvd 14 FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Lost Willix Henrietta 0. Gordon please physician and 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, prunknown) (If yes give wor or dates of service) crematian, ar removal, 7200 Maryland Blud 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. permit. IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gove) signed by the burial-transit p URLART tise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) has been s State Dept. of Health prior to as the 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 NO be TO FUNERAL DIRECTOR: After this certificate a director, page 3 should be detached for us Page 4 may be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 220. I certify that (I) (this hospital) attended the deceased from 2/21 saw the deceased glive on 2/21 19 68 and that it 1968 to 68 and that in (my) (our) apinion death occurred on the date and hour and from the saw the deceased alive ondirector, page 3 shauld should be filed with the couses stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR DEGREE PHYS. 22e. ADDRESS 22d PHYS!CIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) Arlington Arlington National Cen. Virginia 250 REL'D BY REGISTRATO 68 256 REGISTRARS Ylen Carter VR A15 [4] 30M REV 1/68 Pumphrey Inc. 8434 Ga. Ave.



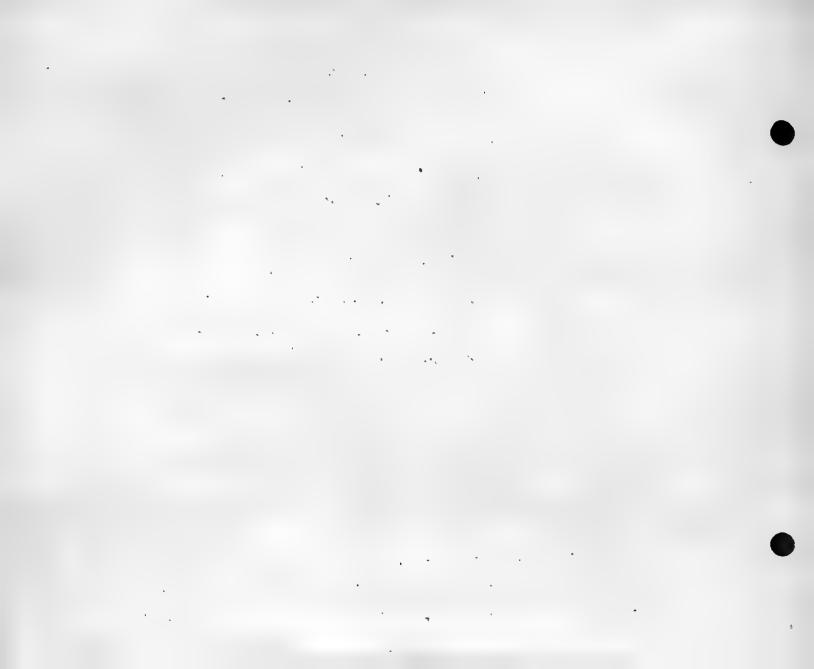
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TUK 3	AIL	<i>k</i> _				CERTIFICATE	OF DEATH			
HEALTH	DEPT		CEASED NAME Fits ype or Print)	ì	M•ddle	Łost		2a DATE KNOWN Mo	nth Day Yes	ar 2b. HOU
ta ta sge	9/1		(Nanc	v) Nanr	e Rose	Dunb	ar	DEATH MATED 3: 2	16 1	9682:00
20 P	E V	3 9	X 4 RACE	S DATE OF BIRTE	6. AGE (In	years IF UNDER 1 YEAR day) MONTHS DAYS	IF UNDER 24 HRS HOURS MIN	2c. DATE PRONOUNCED DEAL	D	2d HOU
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1 to 1	e)	6001	**	U.S.A			ORCED Pr	ince George	Count	v . !
the First	2	10.	ITY OR TOWN OF DEATH			UTION (If not in haspital	12a, USUAL O	CCUPATION (Kind of work do	ine 12b. KIND OF	F BUSINESS OR
deat re Page	# 77	4 (MEN /HIA//. Mo	l. Pri:	eet oddress) nce George	e Gen. Ho	during most o	f working life, even if ret re ousewife	d) INDUSTRY	
after de 8. Give along w	with Jeath,	I3a	USUAL RESIDENCE (Where decea	sed lived, if mistitution	on: Residence before 3	: CITY OR TOWN 1/3	d INSIDE C TY LIMITS?	13e. STREET AND NUMBER		
3 0 18.	2 w dec	0	Imission) STATE MD	Prince	George O	xon Hill	YES NO	1532 Clayt	on Dri	ve
haurs Item 1 Office	land2 with after death	14	ATHER S NAME First	middle	r@21	13. WOTHER 3 WAT		Middle	-	Lost
24 h			John	•	Callahan	Lo E.	llen Gr	1ff1th		
cd 1	pages		WAS DECEASED EVER IN U.S. ARMED		6b. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	Same	90
I within 24 haurs after deat n pencil in Item 18. Give Pac Examiners Office along with		1	es, na, ar unknawn) (f yes gwe	war or dales of service)		Jesse 1	R. Dunb	ar (Husband	# 13	CL D
	hope .		1B CAUSE OF DEATH (Enter or	ly one cause per line	far (a), (b), and (c).)				APPROX BETWEEN	NATE INTERVAL ONSET AND DEATH
dica dica	permit it withi		PART I DEATH WAS CAUSE MMEDI	D BY ATE CAUSE (a) De 2	ath by St	rangulatio	on due	to hanging		VIII PORT
exe andi	pe tu		\$ *		S A CONSEQUENCE OF			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
be ''p	eve		Conditions, if any, which gave							
Pin Dia	Iny		rise to immediate cause (a), stating the underlying cause		S A CONSEQUENCE OF					
sha ¥ ∰	burial-transit I in any ever		last.	(a)						
te s	d br		PART 2. OTHER SIGNIFICANT COND	ITIONS CONTR BUTIN	G TO DEATH BUT NOT RE	ATED TO THE TERMINAL D	ISEASE OR CONDITIO	ON GIVEN IN PART 1(0)	-	
s certificate should be executed . e. writing the ward "pending" in farwarded to the Chief Medical E.	removal, and	2	974X							
writ	used	CERTIFICATION	190. DATE OF OPERATION	i	96. CONDITION FOR WHIC	H OPERATION			20 AU	TOPSY?
S 9, 0	rem	I E			WAS PERFORMED?				YES	NO_
certificate, auld be fo	19 F	- E	21a EXTERNAL CAUSE WAS	21b TIME OF IN	JURY Month, Day, Year	21c HOW INJURY OF	CURRED (Enter note	ire of injury in Part 1 or Part	2, Item IB.)	
certifi auld	age 3 shaul crematian,	MEDICAL	PRIMARY OR CONTRIBUTING	P.M.						
he sh	3s mat	₩		PLACE OF INJURY (At		21f. LOCATION Street	ar R F.D. No	City or Town	County	State
CAN te t	gge		AT WORK AT WORK	ctory, office building,	erc.)					
EXECUTE THE CENT FOR THE CENT FOR PAGE 4 Should for your files	6 5		220 Legify that I	ook charge of the	remoins described of	bove, held on Auto	psy 🗍, In:	spection 😿 Inquiry	xx ond i	n my opinio
CA ex	CTOR: Burrial		deoth resulted from.			, Suicide 🔀,				, ,
please direct	1 P			1)	100		EF MEDICAL EXAMIN			
	RAL DI priar		ACTUAL SIGNATURE	a Verice	(+)/ela	/	ISTANT MEDICAL EXA		ATE SIGNED	
ony ner			EXAMINER'S				LTY MEDICAL EXAM		b. 17,	1968
necessary, the funeral states for the funeral states for the state	TO FUNERAL Health prid		NAME (Type) Corne	elius J.	Burns, M		RESS(Street, city, to		neverly	
5 th	2 ±	230	BURIAL, CREMATION, 1236	DATE 21,68	23c NAME OF CEN	ETERY OR CREMATORY		LOCATION (City or Town)	(County)	(State)
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		24	minions Bros	Saven	ADDRESS	or Wash.	2Sa RECD BY RE	GISTRAR 2Sb REGISTR	ARS S GNATURE	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 33003 . . 550 CERTIFICATE OF DEATH death. puo. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY b. COUNTY GEORGES PRINCE GEOLGET MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) HY ATTS VILLE HYATTS VILLE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS Doper ON A FARM? STREET KANAWHA 1404 1404 KANAWHA YES NAME OF DATE Doy Year DECEASED ERICKSON ARTHUR 20 (Type or print) PERS 195 8 DEATH The law requires that the death certificate be executed 6. COLOR OR RACE FUNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED DATE OF BIRTH AGE (In veors **NEVER MARRIED** lost birthdoy) Months Doys 9/20/20 MALE DIVORCED TO WIDOWED WHITE 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT **INDUSTRY** during most of working life, even if retired) COUNTRY? OFFICE CARRIER POST U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME R. ERICKSON ARTHUR ECKES 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) BERGENFIE cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)** INTERVAL BETWEE PART I. DEATH WAS CAUSED BY COK ONAKY OCC CUSION IMMEDIATE CAUSE (o). ģ DUE TO signed buriol-t ATHEROSCCEROSIA burial Conditions, if ony, which gove CORONARY 34 EARS rise to immediate couse (o). DUE TO stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPS) PERFORMED? OBESITY PERIPHER AL ATHERO SCLEROSIS NO H 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dc TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form. (City or town) (County) (Stote) Hour o.m foctory, street, office bidg . etc.) Not While at work at work 21 I certify that (1) (this hospital) attended the deceased fram. 1966, to 2 (20 19 6 8, that (I) (we) last 2/10 19 68, and that death accurred at 6 CPM, fram causes and an the date stated above saw the deceased alive an 22o SIGNATURE 22b. DATE SIGNED MED 2/20/68 M.D 22c. PHYSICIAN'S 22d ADDRESS FUNERAL director, pa should be f SIL VER SPRING, MD. ROBERTS 8907 GEO, AUG. 230 BUR AL CREMATION DATE THEREOF 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (State) 2 24 FUNERAL DIRECTOR \$250 REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Minnes

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11	CERTIFICATE OF DEATH						,295,4
골 8골		CEASED NAME First	Middle	Last	20 DATE OF DE	ATH	2b. ∺OUR
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requires that the death certificate be executed physician. signal of the attending physician and cample burial-transit permit. Then please remave call burial, crematian, ar removal, and in any event		WAS DECEASED EVER IN U.S. AR es, no, arunknown) (If yes give	MED FORCES? war or dates of service) MED FORCES? War or dates of service)			Address WLKWFR.	mp,
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TEND ined DR: A aufd		causes stated abov	e, (I) (we) (did) (did not) view t	he bady after death.	our opinion death occi	Jirea on the date an	a nour one from the
OR ATTENION DE retained DIRECTOR: A should be director with the ed with the		22b. SIGNATURE	0	MISODEGREE ATTENDING PHYS	PIPECTOR D	TAFF 22c. DATE S	and the second
		22d. PHYSICIANS	L K Orlycen,	PHYS 22e ADDRESS	DIRECTOR II	HYS L	-21-68
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Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should should be filed with the	230.		DATE 23c. NAME - 23 - 68 11+	OF CEMETERY OR CREMATORY LE. Gano N	Collina	1 1 1	unty) (State)
₩ ₩ ¥R A15 (4)		FUNERAL DIRECTOR	ADDR	ESS 2So	. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNA	TURE CONTRACTOR
30M REV 1/68	B	DanzANSKYY	Sin's-35011496	St. N.W. DA	TEB 2 3 1968	Towns Mark	9 3



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0 2 3 1 CERTIFICATE OF DEATH death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY a. STATE **b** COUNTY Prince Georges after MARYLAND b CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) papers. Page hin 72 haurs o write RURAL and give nearest town) 1 yr. 10 mos. Washington d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) ⊑ The .aw requires that the death certificate be executed within 24 hi d. STREET ADDRESS e IS RESIDENCE ON A FARM? within 72 Glenn Dale Hospital 1621 Bay Street, S.E. YES □ NO € NAME OF Middle carban Lost 4. DATE Doy Year DECEASED Edward Farrel1 (Type or print) February 26 19 68 DEATH 6 COLOR OR RACE IF UNDER I YEAR 1 IF UNDER 24 HRS 7. MARRIED. 8. DATE OF BIRTH 9. AGE (in years NEVER MARRIED last birthday) Manths Days Haurs Male Thite WIDOWED DIVORCED | 1/31/1911 10a USUAE OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? Salvation Army Washington, D.C. TISA 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar removal, Edward Farrell Mary Salmon 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes, na, or unknown) (If yes give war ar dates of service) 579-24-0009 (Decedent) crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) INTERVAL BETWEEN signed by the burial-transit PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH Pulmonary tuberculosis IMMEDIATE CAUSE (a) DUE TO Canditions, if only, which gave rise to immediate cause (a). DUE TO stating the underlying cause Page 4 may be retained by the haspital or attending 19 WAS AUTOPSY PERFORMED? fter this certificate has se detached for use as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) NO KO OR ATTENDING PHYSICIAN: 20a ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) Hour g.m. While Nat While factory, street, affice olda, etc.) at wark at wark 21. I certify that (1) (this haspital) attended the deceased from 4/22 1966 to 2/26 , 1968, that (t) (we) last 19 68, and that death occurred at 9:25AM, fram causes and on the date stated above. FUNERAL DIRECTOR: saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** 2/26/68 M.D DIRECTOR PHYS PHYS 22c PHYSICIAN S 22d ADDRESS Glenn Dale Hospital Moe Weiss, M.D. NAME (Type) Glenn Dale, Maryland 23a BURIAL, CREMINION, 23b DATE THEREOF 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) DEMONAL (Control 9 24 FUNERAL DIRECTOR 25b REGISTRAR S SIGNATURE 2So REC D BY REGISTRAR VR A15 (4) 25M 1/67



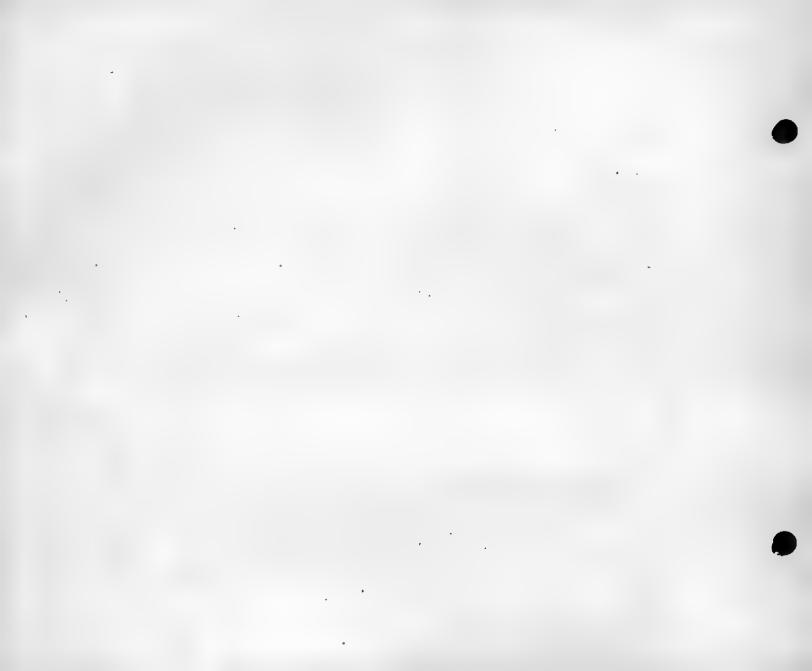


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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour stained by the haspital or attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled it by should be detached for use as the burial-transit permit. Then please remove carbon paper. In the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 22 hours the the State Dept.		iverdale	give street oddress)		rial Hos US	most of working life, even	if retired) INC	DUSTRY Supremary
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YSICIAN: dspital or certificate thed for u		210. ACCIDENT WAS UNDERLYI		21r.	HOW INJURY OCCURRED (En	nter nature of injury in Port	or Port 2, Item 18	8.)
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OR ATTENDING PHYSICIAN: be retained by the haspital or DIRECTOR: After this certificate je 3 should be detached for u ed with the State Dept. of Heal	E	23.2 INTURY OCCUPATE TAL	PLACE OF INJURY AT HOME, FARM,	STREET FACTORY, \ 21f	LOCATION Street or R.F.D. I	NoCity or Town	Cour	enty Stote
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed to Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complet director, page 3 should be detached for use as the burial-transit permit. Then please remove carl should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event,	L	NAME (Type)	BIRT C'W	11.6-1-1	ECD L	AUNEL .	111)	
HO:	230		DATE 23c. N	AME OF CEMETERY C	R CREMATORY	23d LOCATION (City or	Town) (Cor	unty) (Stote)
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MAKYLAND STATE DEPARTMENT OF HEALTH



	lI	tems 7a, 7b & Solvision of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
N 2	ilm	nG398 2/28/68 kk CERTIFICATE OF DEATH	02995
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s after the full safter.	3 SI	Female 4. RACE White 5. DATE OF BIRTH 3-7-98 last bighday) YRS.	UNDER 1 YEAR F JMDER 24 HRS. HTHS OAYS HOURS MIN.
14 hour	70 (0.11 P	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED RINCE GROUND AND DIVORCED RINCE RINCE GROUND AND DIVORCED RINCE RIN	Md.
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Tificote hysicio in pleas vol, on	160. Y	o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17 INFORMANT Norma F. Boling 7405 Kenova St	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled increy the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corban popers. Pages 1 and 2 should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART & DEATH WAS CAUSED BY: MMMEDIATE CAUSE (a) Myocardial fibrosis and infarction	APPROXIMATE INTERNAL BETWEEN ONSET AND DEATH
of the control the off sit per motion		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to Immediate cause (a), (b) Coronary occlusion	
ires thu ysician. ned by riol-troi		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF (r) Coronary Arteriosclerotic Heart Disease	Years
v requing phen sighted by to but	2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Diabetes Mellitus.	
The low attendia has be se as t th prior	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERATED YES.	IDERED IN CERTIFYING
ICIAN: pital or rtificate d for u	MEDICAL CEI	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) 21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	18.)
s PHYS the host this cendetache	ME	While Nat while of work at wark	ounty Stote
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-transhould be filed with the State Dept. of Health prior to buriol, creashould be filed with the State Dept. of Health prior to buriol, crease the page 3.		22a. I certify that (I) (this haspital) attended the deceased from 1960, 1960, ta 2017, 1960 saw the deceased alive an 1960, and that in (my) (aur) apinian death accurred an the date accurred above, (I) (we) (did) (did not) view the bady after death.	, that (I) (we) last and haur and fram the
OR ATI		22b. SIGNATURE 22c. DATE	E SIGNED . 17, 1968
SPITAL 4 moy l IERAL D or, pog d be file		22d. PHYSICIAN'S NAME (Type) Peter Duus, M. D. 22e. ADDRESS 6056 Central Avenue, Capitol	Hghts.Md.
TO HOS Page 4 TO FUN direct shoul		Burya Pecify 2-21-1968 Soldiers Home Cemetery Washington D.	Caunty) (State)
VR A15 (4) 30M REV. 1/68		FUNERAL DIRECTORO DET E. Wilhelm Funerous Home 25d. RECD BY REGISTRAR'S SIGN ACCOUNTY FEB 23 1968 REGISTRAR'S SIGN ACCOUNTY FEB 23 1968	Las July

V) . 4 ď --a.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ., 2996 CERTIFICATE OF DEATH First Middle Last 20 DATE OF DEATH DECEASED NAME 2b HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) Clarice V. Fralev February 10:20s 3. SEX S. DATE OF BIRTH 4. RACE 6 AGE (In years SE ONOFR 1 YEAR JE HINCIER 24 HRS last birthday) DAYS HOURS 38destede Female White 8-1-08 YRS. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED DIVORCED [Prince Georges U. S. A. WIDOWED TO burial-transit permit. Then please remave carbon paper burial, crematian, ar remaval, and in any event, within 72 Washington, D.C. completely filled 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Give street address Leland Memorial during most of working life, even if retired.) INDUSTRY Riverdale 13a USUAL RES DENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER Prince YES NO College Par 170h Hollywood Road Georges 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle First Middle Last pup Basil Friel Emma 16b. SOCIAL SECURITY NO 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, na. ar unknawn) (If yes give war or dates of service) Medical Record/sister APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) signed by the burial-transit rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending as the with the State Dept. of Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO D O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from 110 196-12, and that in (my) (our) opinian death accurred on the date and hour and from the saw the deceased olive on. causes stated above, (1) (we) (did) (did not) view the body after death 22b SIGNATURE 22c. DATE SIGNED MED. DIRECTOR **ATTENDING** director, page 3 shauld be filed v DEGREE PHYS PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d LOCATION (City or Town) NAME OF CEMETERY OR CREMATORY (State) 23b. DATE (County) 23a BUR AL, CREMATION Burial (Specify) Geo. Washington Memo. Hyattsville Mardard 250. REC D BY REGISTRAR REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68 Wm. Lees Sons. 300 4th St.NE. Wash.

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X1 1		MARYLAND STATE DEPARTMENT OF HEALTH JS 013 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	163
HEALTH DEPT.	1 0		D. 10-10-10
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2, P.	70	BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED THEVER MARRIED 9. COUNTY OF DEATH	1908 a.M
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the F		District Heights Prince George BAKER	INDUSTRY
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		ANDREW - GALLA CATHERINE -	GALLA
hin 24 ncil in niner's poges hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (es, no, or unknown) (If yes give wor or dotes of service)	
with year xor xor xor 11e	,	MRS. STEPHANIE GALLA-TRVING	
ecuted ng in dical Es		18 CAUSE OF DEATH (Enter only one couse per line for {o}, {b}, and {c}) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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s certificate should e, writing the word forworded to the Cf used os o buriol-tro emoval, and in any	NO.	Metastatic bronchogenic carcinoma over 5 weeks. 190. DATE OF OPERATION 19b. COMDITION FOR WHICH OPERATION	2D AUTOPSY?
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= = =		PRIMARY OR CONTRIBUTING HOUR A.M.	m 10)
INE e ce sho sho a sh anto	MEDICAL	CAUSE OF DEATH PM 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street), 21f LOCATION Street or R.F.D. No. City or Town	County State
ICAL EXAMINER: execute the certifor. Page 4 should do your fles. CTOR: Page 3 shoulduriel, cremation, burial, cremation.		WHILE NOT WHILE office building, etc.)	
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DEPUTY SICAL E SESSORY, please exect e funeral director. Po moy be retained for EUNERAL DIRECTOR: 4		death resulted fram: Natural/causes , Acadent , Suicide , Homicide Undetermined manner	
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necessory, the funera 5 may be 50 FUNERA Health pri		NAME (Type) ADDRESS(Street, city, town, or county)	
5 ± 5 5 ±	230	BURIAL, CREMATION 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town)	(County) (State)
		BURIAL \ 2/27/1968 GATE OF HEAVEN HANOVER, NEW	JERSEY
han de de de	24	FUNERAL DIRECTOR IN THE PROPERTY ADDRESS WASH D. C. 250 RECD BY REGISTRAR 1 256 REGISTRAR 2	IGNATURE ()
VR A15ME (5) 10M REV 1/68	Щ	YSONG'S FUNERAL HOME 1300 - N ST. N. W DATE FEB 2 6 1968	0 0





02999 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME First Middle 2e DATE KNOWN[] 2b. HOUR (Type or Print) OF ESTI-Poge 198: 00pm M Virginia. Groff Gerhold 3 SEX 4 RACE IF LINOER 24 HRS 5 DATE OF BIRTH 6 AGE in years 2c DATE PRONOLINGED DEAD 2d HOUR tast birthday) Yegr 19 77 145arM 11-5-1927 Uhite 1.0 Female YRS 70 BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Wash. D.C. U.S.A. WIDOWED [DIVORCED 1 Prince George's 10. CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR g ve street oddress) 2400 Block Mistletoe Lane during most of working life, even if retired.) INDUSTRY Adelphi Give Housewife 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c City OR TOWN 13d MSIDE CITY , MITS? 13e STREET AND NUMBER Prince George's Adelphi YES NO 10005 Riggs Road pages land2 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Firet Middle Chalmers Groff Sally should be forworded to the Chief Medical Exominer's Baughman pencif in 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes no or unknown) Mr. Lee D. Gerhold (above address Fie (Husband) event within be executed IB CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY: BETWEEN ONSET AND GEATH IMMEDIATE CAUSE (6) Strangulation DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove to And gun shot wounds of head and chest use to immediate couse (a). should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse and in PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(G) This certificate or removal, 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 ALTOPSY? WAS PERFORMED? the certificate. YES 🔯 NO 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B) 3 should HOUR A.M. PRIMARY [X] OR CONTRIBUTING cremation, CAUSE OF DEATH App. 8:00 m 2-7- 1968 Shot by assailant 21e PLACE OF INJURY (At home form, street, 21f LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) WHILE NOT WHILE AT WORK undetermined Adelphi Prince George 22a. I certify that I taak charge of the remains described above, held on Autapsy 🔀 Inspection X. Inquiry X. and in my apinian death resulted from: Natural causes, Accident Suicide Homicide X Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE 2-8-68 DEPUTY MEDICAL EXAMINER (X) **EXAMINER'S** 5 moy TO FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) Riverdale Md. 23o. BURIAL CREMATION 23r NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Fort Lincoln Com Colmar Manor, Md 24 FUNERAL DIRECTOR ADDRESS.It Rainier 300 RECD BY REGISTRAR Maryland DATE FEB 131 25b REGISTRAR'S SIGNATURE Home Inc. VR A15ME (5)

MAKYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201



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hin 24 nicil in niner's pages hours	160. WAS DECEASED EVE (Yes no, or unknown			SOCIAL SECURITY NO.	17. INFORMANT	1	0	ADDRESS	h // 1 2	
I w thin 2 in pencil ii Examiner File page:	no) (4) As a dive well of	57	9 28 6406	Ernes	t W. Gri	ggs 5	ame as a	bove #13	
	18 CAUSE OF I	DEATH (Enter only on	e couse per line for	(a), (b), and (t).)					APPROXIMATE BETWEEN ONSET	
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O DEPUTY necessary, the funera 5 may be O FUNERA Health pr	NAME (Type)			Burns, M.	D	ADDRESS(Street, ci	ty, town, or county	Chever1	y, Maryl	and
55 + 25 H	230 BURIAL, CREMATI		E	23c NAME OF CEN	METERY OR CREMATO	RY	23d LOCATION (CI	1	, ,,	itate)
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1800	24 FUNERAL DIRECTO			ADDRESS			Y REGISTRAR	25b REGISTRAR		
VR A15ME (5) 10M REV. 1/68	Francis C	asch's S	ons Hva	ttsville	Md	DATE FE	B 2 0 196	8 July	wills for	-

MARYLAND STATE DEPARTMENT OF HEALTH

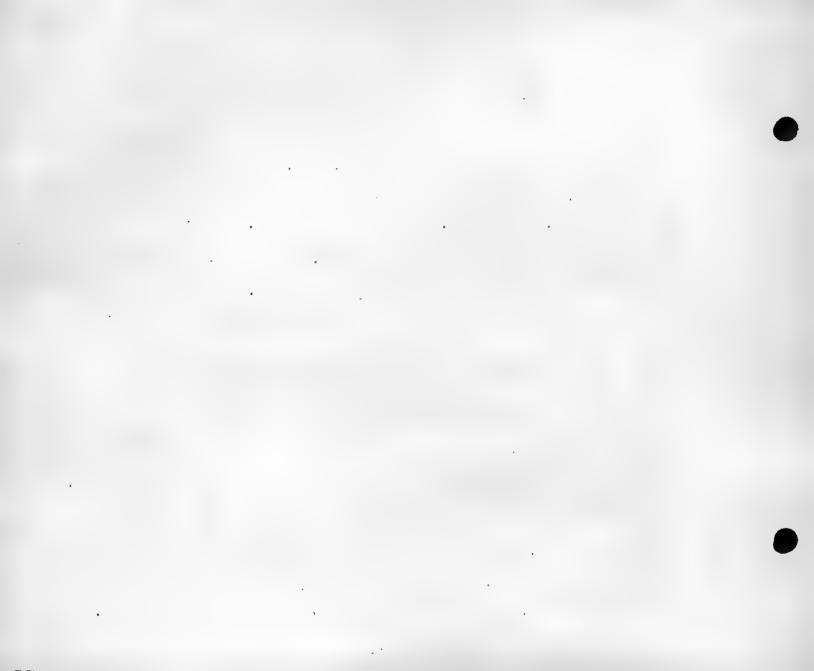


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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 . 3003 03013CERTIFICATE OF DEATH 1. DECEASED-NAME Lost 2o. DATE OF DEATH First Middle 2b HOUR hours after death (Type or print) 5:30A. 1958 HALL HARRY RUTLEDGE 6. AGE (In years JE JINDER 24 HRS 4. RACE S. DATE OF BIRTH JE LINDER . YEAR 3. SEX lost birthdoy) HOURS MALE CAU. 29 Oct. 1885 70 BIRTHPLACE (Stote or fore an 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED Boston, Mass. DIVORCED [director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagests hauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 U.S. WIDOWED PRINCE GEORGE 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR and campletely f HYATTSVILLE 13o. USJAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed odmission) STATE Maryland Prince George Hyattsville YES 5600- 42nd Ave. 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle and Frank Ha 11 Elizabeth Henderson 16b. SOCIAL SECURITY NO. 17. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) [If yes give wor or dates of service] 220-34-4993 Margaret W. Hall Same as above 1B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FIND NGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [NO D 210 ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town Stote County While Not while of work couses stated obove, (I) (we) (did) (did not) view the body ofter death. 22b, SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS. Prince Geo. Plaza Shopg Ctr. Hyattswille 22d. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION (County) REMOVAL (Specify)
Burial Maryland 2-16-68 Ft. Lincoln Cemetery Colmar Manor 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR VR A15 (4) F. Gasch's Sons Hyattsville, Maryland 30M REV. 1/68-



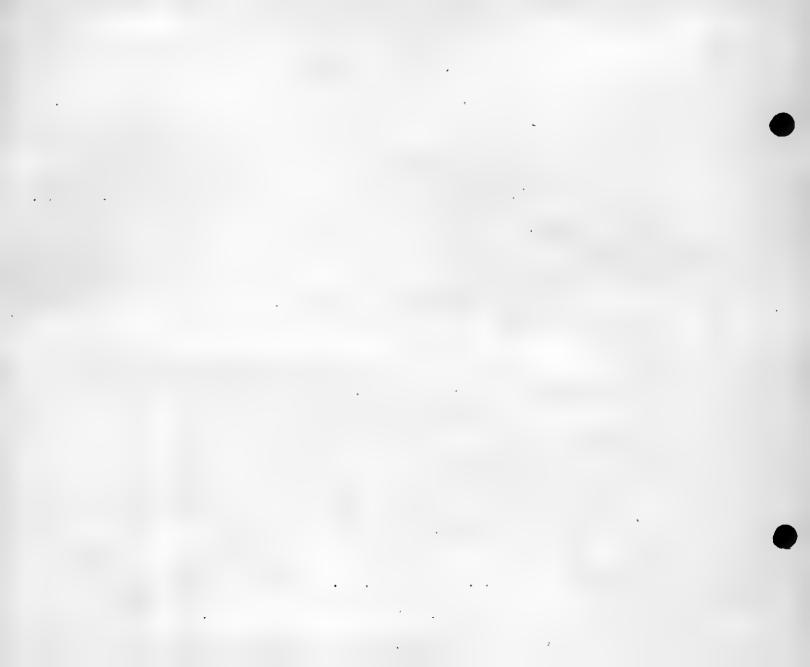
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1	T+.	DIVIDION OF THAT RECORDS, 301 W. FRESTON STREET, DALITHORE, MARTEMEN 21201	. 3606
FOR STATE	1- 0	ems 7a & 7b Film GMEDICAL EXAMINER'S CERTIFICATE OF DEATH	. 0000
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hours Item Office I and 2	14, F	ATHERS NAME First Middle Lost IS. MOTHERS MAIDEN NAME First Middle Millard F. Hairston Sr. Lucy A. Hairaton	Lost
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d within 24 hours of in pencil in Item 18 Examiner's Office of File pages Tand 2 with 72 hours after dec	160.1	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	Va.
with pen xom xom 72 h	1,	es, no, or unknown) (If yes give wer or or opposite service) Mrs. Rosa Byrd, P.O. Box 492,	Martinsville,
d with per line per l		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROX.MATE INTERVAL BETWEEN ONSET AND DEATH
urte icol ithi		PART I DEATH WAS CAUSED BY: Subdural and Subarachnoid hemorrhage	DELATER OUSE, WHO DENIE
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Chie		rise to immediate couse (a), (a) IT actuates	1 33 Hours
vora		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
KAMINER: This certificate should be executed within 24 hours after death to the certificate, writing the word "pending" in pencil in Item 18 Give Page 4 should be forwarded to the Chief Tedical Examiner's Office along with your files. "age 3 should be used as a burial-transit permit. File pages 1 and 2 with the Graciemation, or removal, and in any event within 72 haurs after death		(c)	
th the diffe		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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erti wrij wo wo sed	6T 0	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
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and	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. AND A TOUR A	
INER: e cerl shoul files. 3 shou	GJ.	CAUSE OF DEATH 2.00 PM API 2-1019 00 1111 0 Vet 110 10 p ascallation 2.10 INJURY OCCURRED 2.e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No City or Town	County State
the the series 3		forton, office building etc.)	
bical EXAMINER: se execute the certification. Page 4 should ned for your files. ECTOR: Page 3 should burnal, cremation,			
For For Frad		22a. I certify that I took charge of the remains described applye, held an Autopsy 🔀, Inspection 🛣, Inquiry 🔀	
Par de de la company de la com		death resulted fram: Natural causes 🔲 🚜 Acident 🔟 , Suicide 🔲 , Homicide 🔯 , Undetermined manner (
please I director retoined L DIREC		CHIEF MEDICAL EXAMINER	
Tan Ed P		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE S	SIGNED
KA be or it		DEDICTO MEDICAL EVANUAGO OF 2-1	1-68
fun for w		NAME (Type) John Wende M.D., Liverd le, Maryland Address(Street, city town, or county)	
To DEPUTY SICAL EXAM necessary, please execute the funerol directar. Page 4 5 may be retoined for your of PUNERAL DIRECTOR: Page Health prior to burnal, crem	720		(County) (State)
5 - 10,5 -	230	Burial Peb. 14, 1968 Peoples Cemetery Martinsville, V	
,	na-		
NO -15-15	24.	// Old Franklin Street EED 1 0 4000 O'	The state :
VR A15ME (5) 10M REV. 1/68		Ween Emilialexandria, Va. DATE FEB 1 3 1998	10 1



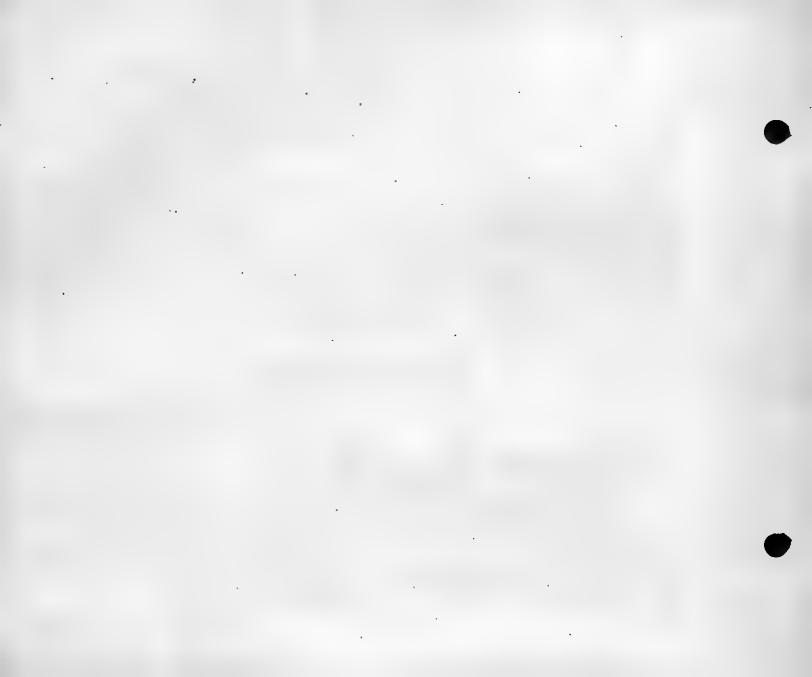
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 .3664 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type ar print) DOSEPH HAIRRISON S DATE OF BIRTH 6 AGE (In years lost birthdoy) 4. RACE 3. SEX IF JINDER I YEAR ACIN THIS DAYS HOURS 24.0 9. COUNTY OF DEATH 7a. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED 12-NEVER MARRIED country) PRINCE GEORGE WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.)
PLUMBER give street address) INDUSTRY LICREST HTS completely 130 USUAL RES DENCE (Where deceased lived, if institution Residence before 13c. City Or TOWN 38 INSIDE CITY LIMITS? 13e STREET AND NUMBER law requires that the death certificate be executed odmissian) STATE NO Z GF0,26F remov any 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle signed by the ottending physician and burial-transit permit. Then please rem HARRISON ルミムム 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (It yes give war ar dates at survice) 27 WAVE HILLORIS ANN C HARIZISIN 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) cremotion, DUE TO, OR AS A TONSEQUENCE OF Canditians, if any, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160) os the prior to l has been 19a DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO 🔲 this certificate 21g. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) þ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) detached 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY DEFICE BUILDING, ETC. 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while of work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased from (we) last be retoined 22b. SIGNAJURE 22t. DATE SIGNED ATTENDING STAFF PHYS. DEGREE DIRECTOR PHYS 22e. ADDRESS 22d PHYSICIAN S NAME (Type) WASHIN YOU director, should 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) 23o. BURIAL, CREMATION REMOVAL (Specify) SUITLAN CEMETER. BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 3 30M REV, 1/68 DATE



		MARYLAND STATE DEPARTMENT OF HEALTH 3302 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3005
HEALTH DEPT.		DECEASED NAME First Middle Last 2a, DATE KNOWN Month	Day Year 25 HOUR
· 도 덕 중 (후)		(Type or Print) OF ESTI OF ESTI DEATH MATED Z=2-€	68 1911:00am
3 m 8 m 8	3. 5	SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 NRS 2c DATE PRONOUNCED DEAD	2d HOUR
ny dela PM3. J	L	Male Negro 11 Sept. 1893 74 YRS 2007	68° 1911: 14amm
		81RTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		North Carolina USA W.DOWED DIVORCED Prince George's	Md.
offer deoth 3. Give Pages along with for with the State	10.	CITY OR TOWN OF DEATH I NAME OF HOSPITAL OR INSTITUTION (If not in haspita 12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 1	126 KIND OF BUSINESS OR INDUSTRY
frer de Give I ong w ith the	L.	Cheverly Prince George Hospital Minister	HOOSING
s offer 18. Grand along with death	130	USUAL RESIDENCE (Where deceased lived, if institution, Residence betwee 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	** -
hours of them 18. Office all ond 2 w			ve . E.
hours Item 1 Office Jond 2 ofter d			Lost
hin 24 nail in niner's pages haurs		Louis Harrison Henrietta Whitaker WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS	
within pentil comine ile pagi		(If yes give wor or dates of service) Willie L. Harrison, Jr.	
	H		APPROX MATE INTERVAL
xecuted nding" in Medical E permit. F		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Leart failure	BETWEEN ONSET AND DEATH
e execute pending" ef Medico isit permit		DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease	over 5 yrs.
be exe "pend nief Me onsit pe event		Conditions, if dny, which gave	Over) yrs.
ord Ch Tro		rise to immediate cause (a), (b) Stating the underlying cause (DUE TO, OR AS A CONSEQUENCE OF	
shauld be e ne word "per o the Chief burial-transit	t	(d)	
ertificate shauld wr.ting the word rworded to the Cl sed os o burial-tro ioval and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ifica ting order	NO	Diabetes mellitus - over 4 yrs.	
verti orwoi used mova		196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
LER: This certificate is certificate is certificate, writing the tould be forworded to les. should be used as a bion, or removal and	CERTIFICAT		YES NO 🔀
三		210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 10 F Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, then	n 18}
INER e cer shoul files. 3 sho	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, form, street, 21f LOCATION Street or R.F.D. Na City or Town	County State
14年4月9日		WHILE NOT WHILE factory, office building, etc.)	coonly state
□ 5 8 7		AT WORK AT WORK	.1 *. *
rcal E exect for. Po ed for CTOR:		220. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, death resulted from Newton courses, Accident, Suicide, Hamicide, Undetermined monner [
olease directe etaine etaine bir to b		CHIEF MEDICAL EXAMINER	_
ed de la		ACTUAL 20h DATE SI	IGNED
EPUTY, sssary, funerol ay be any be in ERAL		MAN WILLIAM TO THE PROPERTY OF	-2-68
ro DEPUTY necessary, p the funeral 5 may be ra 10 FUNERAL Health pr o		NAME (Type) John Kehoe, M.D. iverdale, Md. ADDRESS(Street, city, town, or tounty)	
To D Heo	230	BURIAL CREMATION 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCAT ON (City or Town)	(County) (State)
A. 0		Burial 2/6/68 Carver Memorial Park Maryland	
4/ P VR A15MEYS		FUNERAL DIRECTOR JAMES T. Slewart, LADDRESS 250. REC D BY REGISTRAR 256 REG STRAR S SI	14 a. a. 27 .
10M REV 1/68	S	tewart Funeral Home-4001 Benning Rd., NUFFEB 7 1968	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND UUULL CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. CITY OR TOWN (if outside corporate limits, write BURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ANDOVER .5 pers. 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) fill od d. STREET ADDRESS e. IS RESIDENCE **₹**4 ON A FARM? 3509-55. JOHN'S within NO X completely ve carbon D YES __ NAME OF DECEASED Middle Last DATE Month Day physician and complete en please remove carbo oval, and in any event, w EB (Type or print) 196 DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | Isst birthday) | Months | Days | Hours | Min. NEVER MARRIED Hours WIDOWED TX 10a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHA that the death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? FATHER'S NAME attending phy smit. Then p n, or removal, MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. been signed by the attenthe burial-transit permit. It to burial, cremation, or in Address (Yes, no, or sinkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the Page 4 may be retained by the hospital or attending physician. Coronary Thrombosis days IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which Hypertensive Heart Disease gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. FUNERAL DIRECTOR, After this certificate has irector, page 3 should be detached for use as rould be filed with the State Dept. of Health prior CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) WAS AUTOPSY PERFORMED? No [YES 2Da. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 pr Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 2Df. (City or town) (State) (County) Hour a.m. While Not While p.m. at work at work 21. I certify that (I) this countribute attended the deceased from Jan , to <u>Feb. 14</u>, 19<u>68</u>, that (I) (we) last 19_68, and that death occurred at \$100 M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR STAFF M.D. PHYS. PHYSICIAN'S ADDRESS director, p NAME (Type) Thomas Collins. Washington BURIAL, GRENMANN, 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

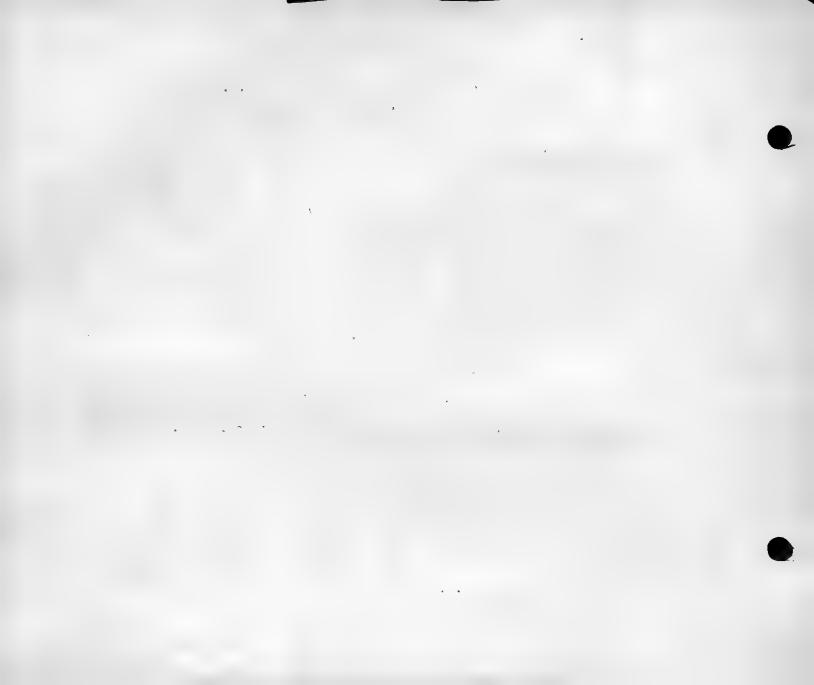


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03812 funeral 1 and 2, ter death OR ATTENDING PHYSICIAN: The .aw requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY Prince Georges MARYLAND D.C. b. CITY OR TOWN (If outside corporate limits. C. LAIGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) write RURAL and give nearest town)
Glenn Dale (rural) 4mos, 20days Washington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? filled Glenn Dale Hospital No fixed Address □ NO ... Middle 4 DATE Year DECEASED event, Edith (Type or print) Herndon DEATH February 16 19 SEX 6 COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours remayal, and in any WIDOWED Female Negro DIVORCED 1/21/96 1Do USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician a during most of working life, even if retired)

Clerk INDUSTRY COUNTRY 2 Government Maryland IISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frederick Robinson Elizabeth Hevron 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Б 578-03-1133 Decedent crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL RETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Acute myocardial infarction DUE TO Conditions, if ony, which gove (b) coronary artery disease vears rise to immediate couse (a). DUE TO stating the underlying couse 'O HOSPITAL OR ATTENDING PHYSICIAN: The .aw re Page 4 may be retained by the haspital ar attending as the prior tal has been (c) generalized arteriosclerosis vears PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL D SEASE CONDITION GIVEN IN PART I(0) Recurrent was autopsy cerebrovascular accidents with encephalomalacia; diab. mell., mild; prob-PERFORMED?

YES KI NO

YES KI NO 200 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port 1 or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Dov. Year 2Dd INJURY OCCURRED 2De, PLACE OF INJURY (Home, form 2Df. (City or fown) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (x) (this haspital) attended the deceased from 9/4 / 1964, to 2/16 , 19 68, thatXX (we) last director, page 3 should should be filed with the TO FUNERAL DIRECTOR: 19 68, and that death accurred at 925A M, from causes and an the date stated above saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED ATTENDING 2/16/68 DIRECTOR PHYS 22d. ADDRESS Glenn Dale Hospital 22c. PHYSICIAN'S NAME (Type) Moe Weiss, M.D. Glenn Dale, Maryland 23o. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Lincoln Memorial Suitland. Maryland 250. REC'D BY REGISTRAP 1968 FUNERAL DIRECTOR



- 1		MARYLAND STATE DEPARTMENT OF HEALTH ON THE PROPERTY OF HEALTH ON THE PROP	
TATS-CO2		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03009
HEALTH DEDT	1 0		v In would
HEALING DEFT.		(Type or Print)	
- C C C	3 5	Agnes Loretta Hildebrand DEATH MATED \$\ 2-6-6\{	
delo nd 3 P		lost burlidoy) MONTHS DAYS HOLPS MIN. Maryth	Year 2d HOUR
> 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5		emale White 2-26-1903 64 YRS 2 6	68 8: DLamm
्रिव हैं विश्व		8 RTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
		TENN'A VIOLET Prince George's	Mo
Pages Aith for	10.0		b KIND OF BUSINESS OR
the de	L	Cheverly Prince George Hospital CLEKK	EN Act, U.S.
hours ofter Item 18. Gr Office olong I ond 2 with after death.		USUAL RES DENCE (Where deceased tived, if institution Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
75 o 18.0 2 w de	- 0	Lary and Prince George Riverdale YES X NO 5600 54th. Av	e. Apt. 404
hours Item 13 Office I and 2	14. 1	FATHER S NAME First Middle Lost 15. MOTHER S MAIDEN NAME First Middle	Lost
		MARK OROURKE UNKNOWN	
hin 24 hours offended in Item 18. Ginner's Office olon pages I and 2 with hours after death		WISC DEFESCED BUTD BALLS ADDRESS TODERS	760 COURT
	- {1	Yes, and of unknown) (types of variote of service) UNKNOWN WRJAMES F. HILDEBRAND LANHAL	1. MD
d with the Exam File In 72			APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
executed anding in Medicol E		18. CAUSE OF DEATH (Enter any one cause per line far (a), (b) and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (n) Heart failure	ninutes
e executi pending: of Medica sit permi		MMMEDIATE CAUSE (a) Real Tallure Due to, or as a consequence of Hypertensive arteriosclerotic	11110000
d be executed d'pending' Chief Medicol fransit permit y event within		Conditions, if ony, which gave)	over 10 vrs.
trat Chi		inse to immediate cause (a),	NOT TO ALP.
should be executed not be solved in the Chief Medical puriol-transit permit in ony event within		stating the underlying cause DUE TO, OK AS A CONSEQUENCE OF	
to to pu		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE OR CONDITION GIVEN IN PART 1(g)	
This certificate should be executed will icote, writing the word 'pending' in pe be forworded to the Chief Medicol Exard be used as a buriol-transit permit File or removol, and in ony event within 72		TAKE 2 OFFICE STONE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1(0)	
writing worded worded sed as (80	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
certification with the control of th	FICAT	WAS PERFORMED?	
This icote, be for the to	ER	21a. EXTERNAL CAUSE WAS 21b TIME OF IN, URY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	
= = =		PRIMARY OR CONTRIBUTING HOUR A.M.	10.)
NER: certification certification, ce	MEDICAL	CAUSE OF DEATH P.M 19 21d .NJURY OCCURRED 21e. PLACE OF .N.J.RY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town (County State
	_	WHILE NOT WHILE factory, affice building, etc.)	County State
JICAL EXAMINER: Jeose execute the cert director Page 4 should estoined for your files. DIRECTOR: Page 3 shou ir to burial, cremotion,		AT WORK AT WORK	
ICAL E		22a. I certify that I taok charge of the remains described oboye, held an Autopsy Inspection Inquiry	and in my opinion
Se e crtal		death resulted from Natural causes , Astragent Suicide , Homicide , Undetermined manner	
leose direc etoini DIRE		ACTUAL CHIEF MED CAL EXAMINER CHIEF MED CAL EXAMINER	
그 그 그 그 그 그		SIGNATURE	NED
		EXAMINER'S DEPUTY MED CAL EXAMINER 2 2-6-4	58
□ S o E E D		NAME (Type) John Kehoe N.D. Riverdale, Md. ADDRESS(Street, city, town, or county)	
5 5 4 × 5 4	230	PEMOVAL (Socrety)	runty) (State)
	1	BURIAL" VIOLEBITO FORT LINCOLN CEM ICOLMAR IVIANOR	2 MARYLAND
1	24.	FUNERAL DIRECTION 250 REC D BY REGISTRAR 250 REGISTRAR 250 REGISTRAR 5 SIGN	NATURE
VR A15ME (5) 10M REV. 1/68	V	V.W. CHAMBERS CO. KIVERDALE, MARYLAND DATE FEB 1 3 19\$3	4 13 65



1			-0392a	DIVISION OF VITAL	RECORDS, 301	W. PRESTON STREET,	BALTIMORE, MAR	YLAND 21201		
19		Н			CERT	IFICATE OF DEA	\TH		030	1.
	E LE		CEASED-NAME First		Middle	Last	20 DATE OF			2b HOUR
	24 haurs after death arm by the unead pers Pages I, and 72 haurs after death	L	ype or print) Caroli	nQ_		Hinck	Feb	Manth 7 Day	1968	530A.M
	- E	3. S	X	4. RACE *		5. DATE OF BIRTH		6. AGE (In years last birthday)		IF UNDER 24 HRS.
	s af	5	Female.	White		mou.b.	1879	last birthday) YRS.	MONTHS DAYS	HOURS MIN
	9 Pag 18	70.	BIRTHPLACE (State or fareign 78	. CITIZEN OF WHAT COUN	TRY? B. MAI	RIED NEVER MARRIED	9. COUNTY OF	30		
	- E 2/2	COU	new York	U.S.A.		WED TO DIVORCED		Georges		Md
		10	ITY OR TOWN OF DEATH	11 NAME OF H	SPITAL OR INSTITUTIO	N (If not in hospital 12	USUAL OCCUPATION	(Kind of work done	12b KIND OF BI	USINESS OR
	with with 60	G	reenbelt	give street odd	enbelt (Donu. Center du	ring most of working l	ife, even if retired)	INDUSTRY	
	unpletely fills ve carban pa event, within	3 g.	JS. IAI RESIDENCE (Where deceased	lived if institution Pass	ence before 13c. C	TY OR TOWN 138 INSI	IDE CITY LIMITS? 13e STR	REET AND NUMBER		
	campletely nove carban ny event, with	aam	ssian) STATE Marchand	136 COUNTY	=GEORGE	ourse yes	X NO□ :	2808 5	oiral ho	ine
	eme day	:14.	ATHER S NAME First	Middle	Last	IS MOTHER'S MAIDEN I	NAME First	Middle	3	Last
	t the death certificate be execut the attending physician and camp sit permit. Then please remove nation, or remaval, and in any eve		UNKNOWN	HEN	KEVER	· U	NKNOU	/ N	The state of the s	EELEF.
	ensignation of the same	16a	WAS DECEASED EVER IN U.S. ARMED es, no, or unknown) (Il yes give were	FORCES? 16b. SOC	IAL SECURITY NO.	VIOLET DI	21/10	SAME A		J
	ohys val,		es, ito with the date was a	A A A A A A A A A A A A A A A A A A A	ONE	NIOTE! DI	4013	SAME A	(2. , 5)	
	that the death certifion. Joy the attending phy transit permit. Then cremation, or remava		1B. CAUSE OF DEATH (Enter only	ane couse per line for (o)	, (b), and (c).)	. 0			APPROXIMA BETWEEN ONS	
	eath indii or re		PART ! DEATH WAS CAUSED B	CAUSE (a)	ranon	a M Ban	rees	همستيير	4 24.	mostly.
	atte on,	ı	1579	DUE TO, OR AS A CON		6			1	
	the sit is		Canditions, if any, which gave	(b)						
	tha an. by tran cren		rise to immediate cause (a), stating the underlying cause(DUE TO, OR AS A CON	EQUENCE OF					
	equires that the physician. signed by the burial-transit burial, cremat		last 15 7 X	(c)						
	requires that the death certificate be executed within a physician. I signed by the attending physician and campletely fills burial-transit permit. Then please remove carban, as burial, crematian, or remaval, and in any event, within		PART 2 OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO	DEATH BUT NOT RELA					
	ing ling sen sen rhe	총	Cutteron	Minta	Elevat	ral base	ner de	2012-		
	KIAN: The law requires pital ar attending physici rificate has been signed of far use as the burial-af Health priar ta burial,	CERTIFICATION	190. DATE OF OPERATION 196. COI	NDITION FOR WHICH OPER	ATION WAS PERFORME	D 20a AUTOPSY?		YES, WERE FINDINGS CO	NSIDERED IN CER	TIFYING
	The as a set	RTIFI				1 —	NO []	OF DEATH?		
	PHYSICIAN: e haspital ar nis certificate rached far u Dept. of Heal	E	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. Month	Day Year	TIC HOW INJURY OCCURRED	(Enter nature of injury	in Part 1 ar Port 2, It	em 1B.)	
	26年第4	MEDICAL	(If either, natify medical examiner)	P.M.	19					
	d by the haspi After this certi be detached be State Dept. a	25	2)d INJURY OCCURRED 21e. PL	ACE OF INJURY (AT HOME,	ARM. STREET, FACTORY,	11. LOCATION Street or R.I	F.D. No. City	or Tawn	County	State
	te D		While Nat while at work at wark			A				
	Affe be Sto		22a I certify that (I) (this saw the deceased aliv	haspital) attended t	he deceased fram	n Dear lo,	, 19 <u>67</u> , ta <u>F</u>	1-7,19	68 , that (l) (we) last
_	ned R: A		causes stated_abave, (l) (we) (did) (did ne) view the bady o	, and that in (my) (00 fter death.	r) apinian death a	curred an the dat	e and haur ar	id fram the
	ATTE etaine CTOR shaul iffh th	L	22b. SIGNATURE	111	~	3.0		22c. D	ATE SIGNED	
	OR be r		Hana	call 6.1	see	DEGREE PHYS.	MED. DIRECTOR	STAFF PHYS.	17.19	2°C
	AL Dog	,	22d. PHYSICIANS	1 - 2		22e. ADDRESS	-13	. 1	5	1 /
	SPIT 4 m d b		NAME (Type) LEON	ARD AP	PEL_	3231	SUPERIO	R Lane	· Down	: hal
	O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be defacted far ushauld be filed with the State Dept. af Healt	23a	BURIAL, CREMATION, 23b DAT	E 10/02	NAME OF CEMETER		a a a description of	N (City, as Tawn)	(County)	(State),
	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1	SURPAY 10FI	EB 196X17	EGUES	UNITER CE		VN A, NEW	JERS	SEY
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MAKTLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 .3014 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2n. DATE OF DEATH 2b. HOUR burial-transit permit. Then pleose remove corbon papers. Pages 1 ond 3 burial, cremation, ar removol, and in ony event, within 72 hours after death (Type or print) Month Year ORNING 3 SEX 4 RACE 6. AGE [In years 5. DATE OF BIRTH U FUNDER YEAR F TINDER 24 HRS. last_birthday) SHINOM DAVS HOURS Oct. 4, 1876 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED | NEVER MARRIED | country) WIDOWED A DIVORCED [RIVCE GEOF 9es. Potomac 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR within give street address) during most of working life, even if retired.) INDUSTRY completely MAUOR BOOK KEEPET 13a USUAL RESIDENCE (Where deceased lived, if Institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER requires that the death certificate be executed admission) STATE 13b. COUNTY YES [NO 🗔 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Last JAMES BUPNS. attending physician of sermit. Then pleose 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (if yes give war or dates of service) Yes, na. ar unknawn) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY.

// 2 2 MMEDIATE CAUSE (a) signed by the burial-transit p Canditians, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been be detoched for use os the Stote Dept, of Health prior to 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from 1965, to _1968, and that in (my) (our) opinion death accorred on the date and hour and from the saw the deceased alive on..... director, page 3 should should be filed with the causes stated abave, (I) (we) (did) (die not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR 22e. ADDRESS 5 800 108 YATTSVILLE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 230 BURIAL CREMATION, 23b. DATE (County) REMOVAL (Specify) Washington 2 Treck Constant 256. REC'D BY REGISTRAR Georgia tive II Jon ADMISTIAL Home VR A15 [4] 30M REV, 1/68

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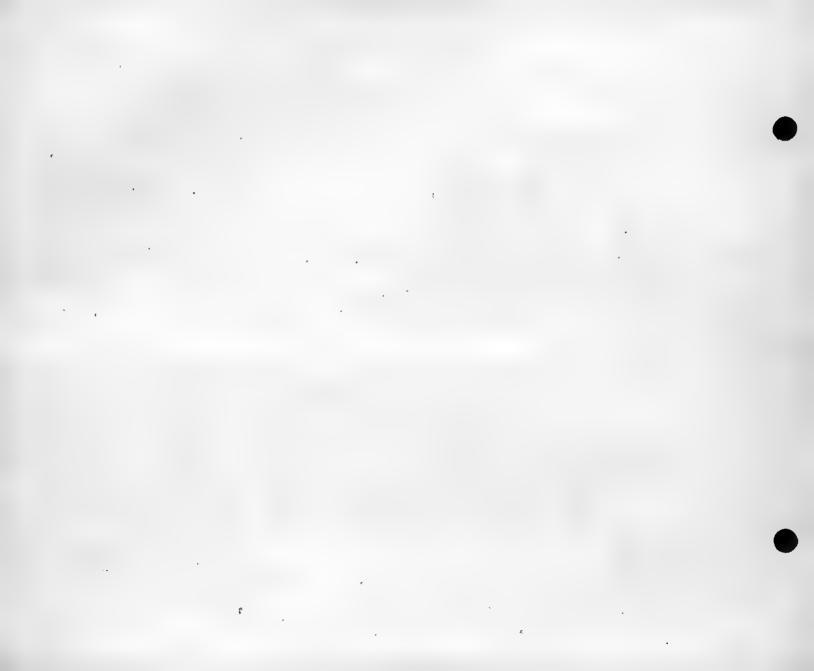
MAKTLANU STATE DEPAKTMENT OF HEALTH



1 300	MARTLAND STATE DEPARTMENT OF HEALTH
[1]	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
(1)	
age age	The second secon
7 5 5	(Type or print) PETER PATHON JACKSON FEB 24 1908 170 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS
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haur hau hau	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
ed i aper	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
within ely fill ban p withii	TARYLAND THE G ve street oddress) ORRYLAND THE STREET ODD USAF NCSP: USAF NOW USAF NCSP: USAF
cuted amplet amplet ve car event.	130. USUAL RESIDENCE (Where deceased lived, if institution Residence before odm.ssion) STATE MARYLAND 13b. COUNTY PRESIDENCE SPRINGS YES NO 5009 THURMAN DR-
exe emo any	14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost
be n ar se r	(DEC.) MEMRY LOUIS ZACKBON (DEC.) AINIUM DUMHUIRE
PHYSICLE: The law requires that the death certificate be executed within 24 haurs after beath e haspital ar attending physician. his certificate has been signed by the attending physician and campletely filled in by the funeral stacked far use as the burial-transit permit. Then please remave carbon papers Pages—Farial Dept. af Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give wor or doles of service) 16b SOCIAL SECURITY NO 17 INFORMANT JOAN B. Jackson 5069 Thurman Dr. 16c WAS DECEASED EVER IN U.S. ARMED FORCES? 16d SOCIAL SECURITY NO 17 INFORMANT JOAN B. Jackson 5069 Thurman Dr.
ren Then Then	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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affe affe pern jan,	OF TO, OR AS A CONSEQUENCE OF
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urres ny sic gned gned rrial	los*. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
requestion signatures of the property of the p	
law ndin beel s the	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
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ar are	210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2 Item 18)
CE Tiffic and Far and	GI or contributing cause of Death HOUR A.M. Month Doy Year (If either, notify medical examiner)
	21d. INJURY OCCURRED While Not while of work o
ING Vy th ter 1 be d tate	22a. I certify that (I) (this haspital) attended the deceased from 26 October, 19 67, to 24 Fe D, 19 68, that (A) (we) la saw the deceased alive an 24 Feb 19 68, and that in (my) (out) apinian death accurred an the date and haur and from the
OR ATTENDING be retained by the IRECTOR: After a 3 shauld be d ed with the State	saw the deceased alive an 24 Feb 1968, and that in (my) (aux) apinian death accurred an the date and haur and fram the causes stated above, (I) XXXX (did) (618.XXXI) view the body after death.
ATT CTOI Shot ith 1	22b. SIGNATURE 22c DATE SIGNED 2
OR OR IN Section 19 Se	DEGREE PHYS. DIRECTOR DIRECTOR PHYS. 34 Feb-6
TAL DAL D	22d. PHYSICIAN'S RUBEN ALTMAN, CAPT, USAF MC 22e ADDRESS MALCOLM GROW USAF HOSPITAL
SPI' 4 m A m NER. tar,	ANDREWS AFB, WASH, D.C. 20331
ro Hospital Page 4 may ro FuneRal i director, pag shauld be fil	230 BURIAL (REMATION, BURIAL (REMATION) 23b DATE 23c. NAME OF CEMETERY OR (REMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 2/28/68 Arlington Natl. Cem. Arlington, Virginia
	24 FUNERAL DIRECTOR ADDRESS
VR A15 (4) 30M REV 1/68	24 FUNERAL DIRECTOR Palls Church F.H., Falls Church, Va. ADDRESS Palls Church F.H., Falls Church, Va. DATE FEB 27 1968 Page 1968



2	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	. 301 .
HEALTH DEPT.	I DECEASED NAME First Middle Lost 20 DATE KNOWN C Month Do	y Yeor 2b HOJR
of Te to is	(Lype or Print)	68 197:00pm
A S	3 SEX 4. RACE S DATE OF BIRTH 6 AGE III VEORS IF NOTER 1 YEAR IF UNDER 24 HRS 2C DATE PRONDUNCED DEAD	2d HOUR
\$ \$\$\\\$	male white 5-18-1909 (sust birthday) MONTHS OAYS HOLKS MIN Month Day 2	68 197:20pm M
e po	70 B RTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	,
fe for	DISTRICA OL U.S. WHOWED Prince George's	Me
Beotin Pages with for	10 CITY OR IDWN OF DEATH 11 NAME OF MOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) IND	KIND OF BUSINESS OR
- C = 5 - 4 - 1	Riverdale Reland Memorial Hospital MANAGER N	EWS CENTER
	gdmiss on), STATE, 13b COUNTY	SH MAY
hours Item 18 Office Tand2	Laryland Frince George's College Park 15 A NO 14 FATHER'S NAME First Middle Lost 15, MOTHER'S MAIDEN NAME First Middle	lost
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hin 24 nicil in niner's pages hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	44 1-
d be executed within 24 rd "pending" in pencil in Chief Medical Examiner's transit permit. File pages y event within 72 hours	(Yes, no opunknown) (If yes give war or dotes of service) 577 051154 MAE D. JEFFRIES SAME	AS ~ 13
be executed "pending" in nief Medical E. nisit permit. F event within	18 CAUSE OF DEATH (Enter on y one couse per line for (o) (b) ond (c) PART > DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ould b word " he Chii he Chia iol-tran	rise to immediate couse (a), (b)	
should be one word "pe of the Chief buriol-transit in any even	stoting the underlying couse DUE TD, OR AS A CONSEQUENCE OF	
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certificate writing th rwarded t ised as a l noval, and	2 4 3	
is certifix te, writin forward e used o removal,	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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海 등 등 일	PRIMARY OR CONTRIBUTING HOUR A.M. 121 HOUR A.M. 19 HOUR	.8.)
INER: te certifi should files. 3 should notion, c	21d NJURY OCCURRED 21e, P.ACE OF IN.JRY (At home, form, street, 21f (OCATION Street or R.F.D. No. City or Town Co.	ounty State
EXAMINER: ute the certi age 4 should your files. Page 3 shou , cremotion,	WHILE NOT WHILE AT WORK AT WORK AT WORK	·
프리 왕인 그렇다	220. I certify that I took charge of the remains described above, held an Autopsy , Inspection x, Inquiry x,	and in my opinion
lical e exe cror. F ned fo ECTOR burro	death resulted from: Notural Guses Accident . Suicide . Homicide . Undetermined manner .	
please et director retained	ACTUAL CHIEF MEDICAL EXAMINER	
TY. P. Prior	SIGNATUREM.D ASSISTANT MED CAL EXAMINER 226 DATE SIGN	
D DEPUTY necessary, the funerol may be a puneral may be a puneral	EXAMINER'S NAME (Type) John Kehoe MB Riverdale, Md. DEPUTY MEDICAL EXAMINER ADDRESS (Street, city town, or county)	8-68
necessary, plea the funeral dir. 5 may be retail to FUNERAL DIR. Health prior to	230 BUR AL CREMATION 23b DATE 23c NAME OF CEMETERY DR CREMATORY 23d DCAT ON (City or Town) (Col	unty) (Stote)
-	BURIAL 10 FEB 1968 FORT LINCOLN CEM COLMAR MANOR	
The street of the	24 FUNERAL DIRECTOR ADDRESS 1250 REC D BY REGISTRAR 1250 REG STRAR 5 SIGN	IATURE MAR
VR A15ME (5) 10M REV 1 68	W.W. CHAMBERS CO. RIVERDALE, MARYLAND DATE EB 13 1838	1) 0



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03618 CERTIFICATE OF DEATH DECEASED NAME Middle Lost 2a. DATE OF DEATH death (Type or pant) Feb. P. Grace John son burial-transit permit. Then please remove carbon papers. Pages burial, cremotion, or removal, and in any event, within 72 hours after requires that the death certificate be executed within 24 hours after 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR last birthday)_____ SYRS MONTHS DAYS HOURS Female. Caucasian July 7, 1882 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED ⊑ USA WIDOWED 1 Prince Georges DIVORCED [Mis couri completely filled 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Cheverly Prince Geo. Gen'l Hospital Housewife Home 3a. SUAL RESIDENCE (Where deceased lived, if institution. Residence before 13r CITY OR TOWN 13e STREET AND NUMBER 13b. COUNTY
Prince Georges NO [Maryland Landover 73rd Avenue 14. FATHER'S NAME Middle Lost the attending physicion and sit permit. Then please rem 15 MOTHER'S MAIDEN NAME First William Am Waltz Elerdrige Jane 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) Hyattsville, Md. Pearlie Miller Dau. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (g)) BETWEEN ONSET AND DEAD PART I DEATH WAS CAUSED BY 5 minutes IMMEDIATE CAUSE (a) signed by the buriol-transit p Conditions, if any, which gove: rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been s Page 4 may be retained by the hospital or attending director, page 3 should be detached for use as the should be filed with thm State Dept. of Health prior to 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO TXX YES [TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21h TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INSURY OCCURRED 21e PLACE OF INJURY City or Town County Stote While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from _______, 19 69, to ______, 17 60, to ______, 17 60, to ______, 19 68, and that in (my) (out) opinion death accurred an the date and haur and from the couses stated above, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Thomas G. Malonev. M. D. 4814 71st Ave. Landover Hills, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION. 23b. DATE (State) (County) Remove 40 TAL (Specify) Feb. 22,1968 McCurry Funeral Home Bruswick, hariton, Missouri 24 FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. VR A15 (4) 1968 F. Gasch's Sons Hyattsville, Md. 30M REV 1/68

MAKTLAND STATE DEPARTMENT OF HEALTH

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4 8 2		CEASED NAME First	Middle	Lost	2o. DATE OF DEATH	2b. HOUR			
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के <u>क</u> है व	70. I	SIRTHPLACE (State or foreign try)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH				
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OR ATTENI be retoined DIRECTOR: A ge 3 should ed with the		22b. SIGNATURE		HAR.	22/ DA	TE SIÉNED			
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HEALTH DEPT.		ECEASED NAME F Type or Print)	ırst	Middle	L.	120	20 DATE KNOWN	Month Day Year	2b HQUF
Poge 15		<u> </u>		Joseph	Kelly		DEATH MATED	2-25-68 19	noon
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e execute pending" ef Med ca isit permit		PART I. DEATH WAS CAU	SED BY: DIATE CAUSE (0)	Gun shot	wound of he	ad			
exe andi Me t pe		155 Y		AS A CONSEQUENCE	OF .				
be "pe" "pe "inef ansi		Conditions, if ony, which gover rise to immediate couse (a)							
e Clark		stoting the underlying cous		R AS A CONSEQUENCE	OF				
sha w w in o		lost.	(c)						
TY. DICAL EXAMINER: This certificate should be executed y, please execute the certificate, writing the word "pending" is ral director. Page 4 should be farwarded to the Chief Med cal se retained far your files. AL DIRECTOR: Page 3 should be used as a burial-transit permit prior to burial, cremation, ar removal, and in any event within		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBLE	ING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ON GIVEN IN PART 1(o)		
ffice fing ride as as	z	FFE IX							
wri rwa rwa sed	CERTIFICATION	190. DATE OF OPERATION		19b. CONDITION FOR				20 AUTO	PSY?
nis of the properties of the p	ĬĬ.			WAS PERFORME				YES [NO Z
ifficate, d be fa		210 EXTERNAL CAUSE WAS PRIMARY (25) OR CONTRIBUTING	21b. TIME OF HOUR A	MJURY Month, Day, Y		IRY OCCURRED (Enter not)	ure of intery in Port 1 o	r Port 2, Item 18)	
INER: e certifi should files. 3 should atron, o	MEDICAL	CAUSE OF DEATH	albi- nod	OM 2-25- 19		elf in head	l at home		
The state of the s	W.		e PLACE OF INJURY of actory, office building	(At home, form, street	, 21f LOCATION	Street or R.F.D. No	City or Town	County	Stote
bical EXAMINER: se execute the certificater Page 4 shauld ned far yaur files. ECTOR: Page 3 shauld burnal, cremation,		AT WORK AT WORK	home	ig, eic)	sam	le as #13			
Far Page		22a. I certify that	took charge af	the remains descri	ped obove, held an	Autopsy , In	spection 🔼 , Inc	quiry 🔼 , and in	my opiniai
Ed to ed to burn our burn our dead to bu		death resulted fram	Matural cau	ses 🔐 Accide	ent 🔲, Suicide 🖺	X), Hamicide	Undetermined	manner	
eask irrect dain to		1	1. 10	7		CHIEF MEDICAL EXAMIN	_	_	
y pla al dal da riar		ACTUAL SIGNATURE	12/2/2	M	M D	ASSISTANT MEDICAL EX	AMINER 🔲	22b. DATE SIGNED	
		EXAMINER'S			The state of the s	DEPUTY MEDICAL EXAM	INER 🔀	2-26-68	
no DEPUTY DICAL EXAM necessary, please execute the timeral director Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health prior to burial, crem			Kehoe I-D	Riverdal	e.Ed.	ADDRESS(Street, city to	own or county)		
5 ± 20 E	230	BURIAL CREMATION 2	Bb DATE	23c NAME C	F CEMETERY OR CREMATO	DRY 23d	1 10CATION (City or Tov	vn) (County)	(Stote)
.2		REMOVAL (Specify) Burial 2	/28/196	8 New	Cathedral	Cemetery	, Baltir	more, Mary	land.
	24	FUNERAL DIRECTOR	Att. 2	54 Carro	Il St,N.W	250 REC D BY RE	G STRAR 2Sb. RE	GISTRAR S S GNATURE	
VR A15ME (5) 10M REV 1/68	1	Urlhur-lla	IELS W	aghingto	n, D.C. 2	ON PATE FEE	28 1968	Marilan	mage.
	_			أستعل والنابار والمحالات		A-24			



A					DIVISION OF VIT			DEPAKIME			PYLAND 91901		
	(1)		v3030		714131014 07 411			ATE OF D		more, ma	TEAND 21201	. 3	1122
r death.	death.		CEASED-NAME ype or print) GT	First VEN	NDOLYN	Middle A.	KINC			20. OATE OF	DEATH Month 2 Ooy	11468	3 2b. HOUR
s after	house after	3. SE	emale		White			Oct.		399	6 AGE (In years lost birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
4 haur	72 h0th	76. E .cour X.a.	RRTHPLACE (State or foreign try) nsas	n 7	U.S.A.	OUNTRY?	8. MARRIEO WIDOWED	NEVER MARRI		9. COUNTY OF	DEATH e George		Md
vithin 24 ly filled	within		ITY OR TOWN OF DEATH	ırk	11 NAME (of Hospital or Ins Inddustal acke	TITUTION (If o	ot in hospitol Street	12o. USUA during mo	L OCCUPATION	(Kind of work done life, even if retired)	12b. KINO OF I	
oe executed within and campletely fi remave carban p	event,	130	USUAL RESIDENCE (Where of strong) STATE	leceosed	lived if institution.	- \	Inive	Pwtrk 13	A INZIDE OIA TH		REET AND NUMBER		
be exe	lin any		ATHER'S NAME First John R. Als	ор	Middle	Lost		MOTHER'S MAIL		vons	Middle		Lost
ertificate by physician nen please	/al, and	16a.	WAS DECEASED EVER IN U.	S. ARMEO	or dates of service)	. SOCIAL SECURITY N		NFORMANT			Address ame as #1	3 (husb	and)
The law requires that the death certificate be executed within 24 haurs after death attending physician. has been signed by the attending physician and campletely filled in by the tweetal se as the burial-transit permit. Then please remave carban pagers. Pages 1 and 3	burial, crematian, ar remaval, and in any event, within 72		18. CAUSE OF DEATH (En PART I DEATH WAS O	AUSED I	BY: CAUSE (o)	conon	- (Pance	easu	will	Purer		ATE INTERVAL ISET AND DEATH
nat the (), y the att	ematian		Conditions, if any, which grise to Immediate cause	(0),((b) (b) DUE TO, OR AS A	nd I	ang	me	cost	lose	7		
equires that physician. signed by burial-fran	ırial, cr		stoting the underlying colors. PART 2 OTHER SIGNIFICAN)	(c)		OT RELATED TO	THE TERMINAL	DISEASE ORG	ONOITION GIVE	N IN PART I(a)		
The law requires th attending physician has been signed by	ar ta bi	TION	19o, OATE OF OPERATION		NOITION FOR WHICH C			20o. AUTOPS			YES, WERE FINDINGS C	ONSIDEREO IN CE	RTIFYING
	Health priar ta	CERTIFICATION	210. ACCIDENT WAS UNDE		21b. TIME OF INI			YES 🗀	NO 🕒	CAUSES	OF OEATH? y in Port 1 or Port 2,		
5 PHYSICIAN: the haspital ar this certificate detached far u	t. af He	MEDICAL	OR CONTRIBUTING CAUSE (If either, notify medical e	OF DEATH	HOUR A.M. M	onth Ooy Yeor		OCATION Street			or Town	County	Stote
1G PHYSICI the haspit or this certil	ate Dep		While Not while of work		ACE OF INJURY (AT H	_		. 0			· n .		
ATTENDING PHYSICIAN: stained by the haspital ar CTOR: After this certificate should be detached far u	the Sto		22a. I certify that (I saw the deceas causes stated a	ed aliv bave,	re an(I) (we) (did) (die	not) view the	an bady after	d that in (my) death.	(aur) apii	nian death a	iccurred on the do	te and haur o	ind fram the
OR be re 3	led with		22b. SIGNATURE	بر	Q f. v	uliel	DEGI	4 11113	[<u>J421</u> 0]	ED.	STAFF PHYS. 22c.	DATE SIGNEO	68
TO HOSPITAL Page 4 may TO FUNERAL I	uld be fi		22d. PHYSICIAN'S NAME (Type)	- 1	Whe	140	1	22e. ADDRE	17 h	in	eisty	Blue	VF_
TO HC Page TO FU	shar	L		23b. 0A 2/1	1E 4/68		temetery or incoln	1	E. DECIO SI	Coln	on (City or Town)		(Stote) Md.
VR A 30M RI	115 (4) EV 1/68		funeral director rancis Gasc	h's	Sons Hy		, Md.		So. REC'O B	-	68 25b. REGISTRAR'S	in Just	

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-	It	em 13 Film 4 (AND STATE DEPARTMENT OF						
3		55033	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET, BA CERTIFICATE OF DEATH		03024				
	_	ECEASED NAME First	Middle	Lost	20 DATE OF DEATH					
death death		Type or print) Edwa	ard	Kohlbrenner, Sr.	February 17	2b. HOUR 1968 11:30 AM				
urs after Pages 1 urs after	3 S	Male	4 RACE White	5. DATE OF BIRTH 7/2/92	6. AGE (In years 7851 birthday) YRS.	IF UNDER 1 YEAR IF LINDER 24 HRS. MONTHS DAYS HOURS MIN.				
24 hours d in by ppers. Popers. 72 hours	7α. του	BIRTHPLACE (State or foreign ntry) NEW YORK	7b CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH					
hin 24 ho papers. papers.	10.	CITY OR TOWN OF DEATH	give_street address)	INSTITUTION (If not in hospital 120, 43	Prince George's SUAL OCCUPATION (Kind of work done proposed work nowing, even if retired.)	12b KIND OF BUSINESS OR INDUSTRY,				
	130	Cheverly	Prince Geo.	Gen. Hospital	Xerring.	Dolt of John				
ecuted with completely wave carbo	odm R	ISSON) STATE MARY LA	Prince /Cod/		No Madison Manor	Nurs / Hone				
be ex and e rem in and	14	FATHER'S NAME FIRST	Middle Los	1S. MOTHER'S MAIDEN NAME ELIZABET	First Middle Middle	Lost				
ifficate hysician pleas ral, and		WAS DECEASED EVER IN U.S. ARM (es, 90, or unknown) (If yes give with	NED FORCES? 16b. SOCIAL SECURI	G1 0 11.0	Chenner 73 Address	Delevan W.				
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours at the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campitetely filled in by the fundirector, page 3 should be detached far use as the burial-transit permit. Then please remark action pages 1 should be filled with the State Dept. af Health prior to burial, cremation, or remayal, and in any event, within 72 hours after		IB CAUSE OF DEATH (Enter onl PART DEATH WAS CAUSED IMMEDIA	y one couse per line for (o). (b) and O BY (TE CAUSE (o)	mie - Preuv	aut's	APPROMATE INTERVAL BETWEEN ONSET AND DEATH				
hat the n. n. y the at ansit per		Conditions, if ony, which gove the rise to immediate couse (a), (a), astating the underlying couse.	(b) CONSEQUENCE (b) CONSEQUENCE DUE TO, OR AS A CONSEQUENCE	iondestre the 1 De	2.9.us					
quires that the physician. Signed by the burial-transit burial, cremat	L	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)								
law requireding by been signed by the purious the burior tabu	 	2 2 445,		•						
The law attend has be as as the prior	CERTIFICATION	196 DATE OF OPERATION 196. (CONDITION FOR WHICH OPERATION WAS	PERFORMED 200 AUTOPSY? YES NO [20b IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING				
CIAN: ital ar rifficate I far u if Real	MEDICAL CE	21o. ACCIDENT WAS UNDERLYING or contributingcause of death (If either, notify medical examin	HOUR A.M. Month Doy Yo		ter nature of injury in Port 1 or Port 2, 1	tem 18)				
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhauld be filed with the State Dept. af Health prior ta burial, creasing the state Dept.	WE		PLACE OF INJURY (AT HOME FARM STREET OFFICE BUILDING, ETC.		No. City or Town	County State				
ADING d by th After a d be d e State		22a. I certify that (I) (thi	s hospitol) attended the dece	19 😉 📐, and that in (my) (our) o	phion death occurred on the do	, that (I) (we) last te and have and from the				
ATTER etaine CTOR: should		couses stated above	(i) (we) (did) (dist not) view the	ne body after death.	22:	DATE SIGNED.				
AL OR L DIRE	L	22d, PHYSICIAN'S	1) 5 Cet-	DEGREE ATTENDING PHYS 22e. ADDRESS	DIRECTOR D STAFF DIRECTOR PHYS.	2-1168				
OSPITA e 4 mo INERA ctar, p uld be	,	NAME (Type) Aaron) DATE		eo. Plaza, Hyattsvi					
70 Horage	230	BURIAL, (REMATION, 23b E	FEB 1968 ARLI	OF CEMETERY OR CREMATORY NETON NATIONAL	ARLINGTON, V	(County) (State)				
VR A15 (4) 30M REV 1/68	24	FUNERAL DIRECTOR HAMBE	ERS GO RIVER	ESS DALE MA DATEFF	B 2 3 1968 REG STRAR'S	les Jusque.				



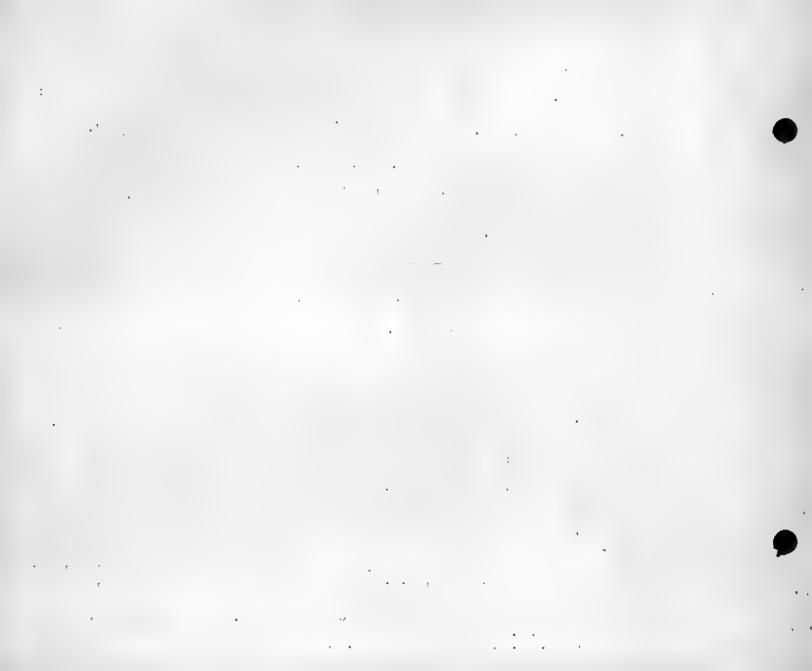
V 1	1	MAKYLAND STATE DEPARTMENT OF HEALTH QQQ DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3025
HEALTH DEPT	1 0		Doy Yeor 2b HOJR
		Type or Print) Loretta OF ESTI- DEATH MATED 2-14-	
Pag Pag	3 S	EX 4 RACE S DATE OF BIRTH 6 AGE (10 years 1 F JNDER 1 F AR 1 IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
ny delay s 2, and 3 to PM3. Page partment af.	F	Temale White 8 July 1897 70 YRS MONTHS OATS MOURS MIN. Month Day	6819 10:27mm
2, Pl	70	RIGHHAGE (State or forming 7th (HTZEN OF WHAT OF NEDLY) LE MADDIED NEVER MADDIED OF CHINTY OF PEATH	00 - 1012704
- & a	cani	MEW YORK U.S. WIDOWED DIVORED Prince George's	Md
We State	10 (CITY OR TOWN OF DEATH NAME OF HOSP TAL OR INSTITUTION (If not in hospito 120 USUAL OCCUPATION (Kind of work done 1	12b KIND OF BUSINESS OR
₽ 3 2 4		Cheverly Prince George Hospital HouseKeeper	INDUSTRY
after 8. Giv along with seath	130	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS 1. 13e STREET AND NUMBER	
75 cm 18. 18. 2 w 2 w de	_		enue
I hours after IB. G. Office alon I ond 2 with office death	١	ATHER'S NAME First Middle . Lost IS MOTHERS MAIDEN NAME First Middle	Lost
24 in l		ABBAHAM MAGALE MAKINS	
INER: This certificate should be executed within 24 hours after death be certificate, writing the word "pending" in pencil in Item 18. Give Poge should be forwarded to the Chief Medical Examiner's Office along with files. 3 shauld be used as a buriol transit permit. File pages lond 2 with the Starnation, or removal, and in any event within 72 hours after death		WAS DECEASED EVER IN U.S. ARMED FORCES? (65 no grunknown) (Hyes give war or dates of service) 12 0 46 25 83 ROBERT NELSON LAND DOT, PACO APO A	MZEUR, S+W
Exar Exar File			APPROX MATE INTERVA
rted call		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART DEATH WAS (AUSED BY Heart failure)	BETWEEN ONSET AND DEATH
executed nding if it Medical permit.		DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease	over our unknown
e e pen ef A sst ven		Conditions if ony, which gave 3	MINITOWN
G Fig.		rise to Immediate couse (a). stoting the underlying couse (b) DUE TO, OR AS A CONSEQUENCE OF	
should be en word "per to the Chief I burnol fransit I in only ever		ast.	
the safe to a find a find a		PART 2 OTHER SIGNIFICANT CONDITIONS CONTR.BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
fical ing rded as	2	,	
certification or wart consistency or wart cons	ATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
his afte, se fo	CERTIFICATI		YES NO 🔀
短点 号で	100	2 o EXTERNAL CAUSE WAS 215 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Iter HOW AND HOUR A.M.	m 1B)
NER e cert shoul files. 3 shar	MEDICAL	CAUSE OF DEATH P.M. 19	
	≥	21d INJURY OCCURRED 21e PLACE OF N.JRY (At home, form, street, while not not while not while not not while not not while not	County State
		AT WORK	1.
ICAL E exect for. Pa ed for CTOR:I burnol,		22a. I certify that I taak charge of the remains described above, held an Autopsy (30) Inspection (37). Inquiry (37) death resulted from: Natural causes (37). Accident (7). Suicide (7). Homicide (7). Undetermined manner (7)	, ,
director.			
y, pleose and directed on retains to bring to br		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 22b DATE SI	IGNED
FPUTY Funeral funeral UNERAL		MONATURE MANUEL PROPERTY MENCAL TYANDUR STATE OF THE STAT	15-68
o DEPUTY necessary, pleose e the funeral director s may be retained o FUNERAL DIRECTOR Health prior to bu		EXAMINER'S NAME (Type) John Kehoe MD Riverdale Md: ADDRESS(Street, city, town, or county)	,,,,
TO DEPUT necessary, the funero 5 may be 10 FUNERA Health pr	230	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Toyyn).)	(County) (State)
· *	(nemalting 20 deb 1968 Fort Kincoln (Com. COLMAR MAN	IOR MD
13	24	FUNERAL DIRECTOR 250 REC D BY REG STRAR 256 REGISTRAR S S	GNATURE
VR A15ME 5 F 10M REV 1/68	VI	U.W CHAMBERS GO. TIVERDALE, MD. DATEFEB 2 1 1968 VICTION	00

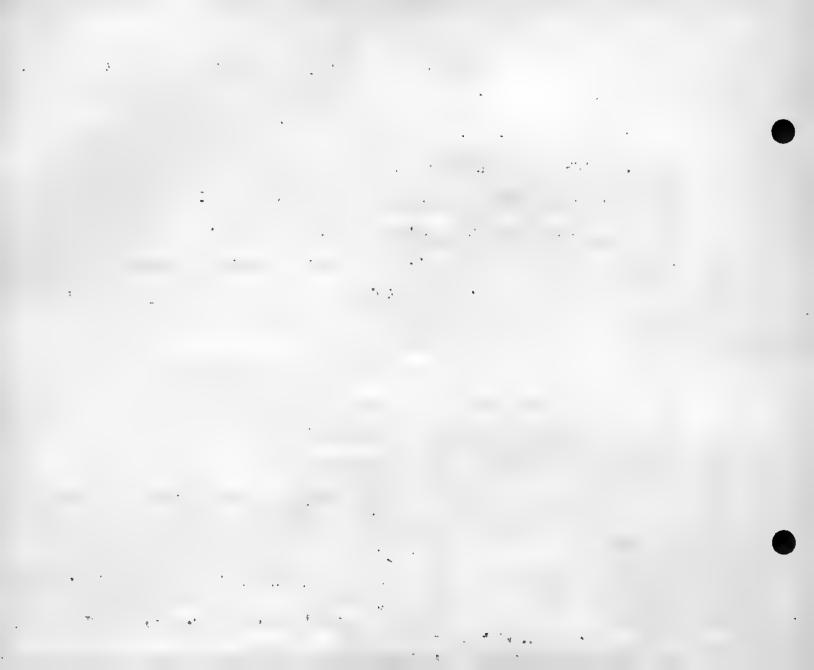


MAKTLAND STATE DEPAKTMENT OF HEALTH

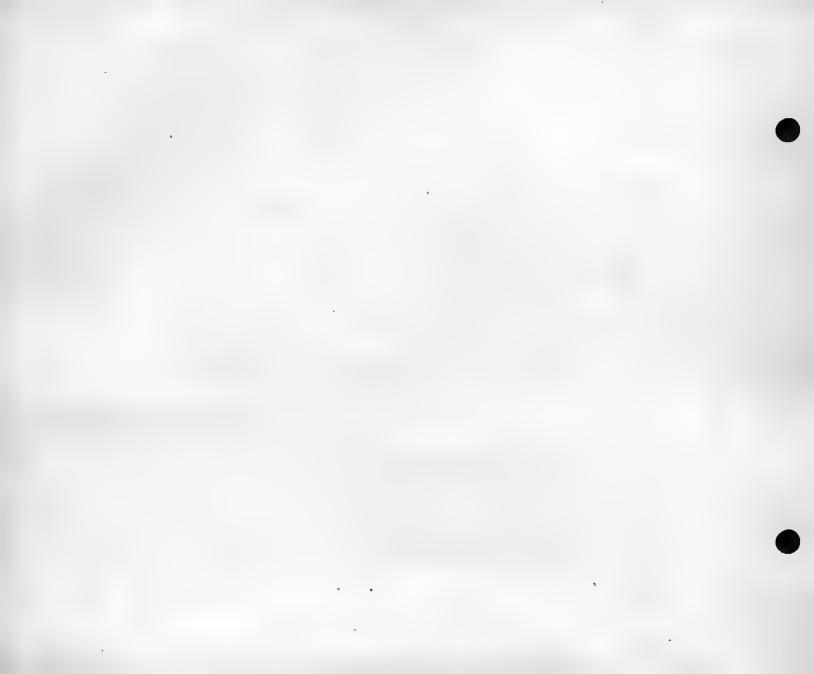
, . . .

1 1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	.862.
LHEALTH DEPT.	1 DECEASED NAME First Middle Last 2a DATE KNOWN Manth	
M D D W	(Type or Print)	.6-68 19 AM M
3-13	3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (n yours 4 JNOER 1 YEAR 15 JNOER 24 HRS 20 DATE PRONOUNCED DEAD	2d HOUR
y delay	Male White 11-9-06 61 YRS MONIES DAYS MOURS MAKE Month 2 Day 16	Year 19682:45 M
1, 2, 1	70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF V: COUNTRY? 8 MARRIED X NEVER MARRIED 9. COUNTY OF DEATH	
\$ 0 e	" W.DOWED □ DIVORCED □ Prince Georg	17190.
offer death	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in nosp.tol Cheverly 11. NAME OF HOSPITAL OR INSTITUTION (If not in nosp.tol during most of working life, even if retired.) Salesman	INDUSTRY
in the second se	130 USUAL RESIDENCE (Where deceased lived, f institution Residence before 13c CITY OF 13d INSIDE CITY LM 15? 13e STREET AND NUMBER	
	odmission MSIATyland 13b COUNTY Prince George's Hill YES NO □ 204 Audrey L	ane
haurs Item 1 Office 1 and 2 after d	14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	last
24 in B r's C r's C		Shugrue
within 24 pend in xaminer's ile pages 72 haurs	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (If yes give wor or dotes of service) (If yes give wor or dotes of service)	*
wit pe xon 72	TVS TVI TV TVI TVI TVI TVI TVI TVI TVI TVI	as above
This certificate shauld be executed cate, writing the ward "pending" in be farwarded to the Chief Medical E. be used as a burial-transit permit. Fir removal, and in any event within	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
nould be executed ward "pending" ir the Chief Medical Trial-transit permit. I any event within	IMMEDIATE CAUSE (a) Massive trauma to head.	
pen	DUE TO, OR AS A CONSEQUENCE OF Cond trans, if any, which gave	1.3 9000
d b d b Chic	rise to immediate couse (a). (b) AULOMODILE ACCIDENT.	3 (10)4 2
shauld be e ne ward "per to the Chief I burial-transit	stating the under ying cause DUE TO, OR AS A CONSEQUENCE OF	
cate shainte and to ed to sa bu	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)	
s certificate shauld e, writing the ward farwarded to the Ch used as a burial-tra emaval, and in any	Y 2 5 4	
is certific fe, writin farward e used ar	190 DATE OF OPERATION 196 COND TION FOR WHICH OPERATION	20 AJTOPSY?
his cate, e far	190 DATE OF OPERATION None 195 COND FION FOR WHICH OPERATION None 196 COND FION FOR WHICH OPERATION WAS PERFORMED? None 210. EXTERNAL CAUSE WAS 210. IMPORTANT OF INJURY Month, Day, Year 121. HOW INJURY OCCURRED (Enter nature of injury to Part 1 or Part 2, the	YES XX NO
		em 18)
INER: T ne certifico should b files 3 should natian, ar	E CAUSE OF DEATH 5:30 PM. 2-12-108 AUTOMODITE accident	
	21d. IN.JRY OCCURRED 21e PLACE OF INJURY (At hame, form, street, while at work at wo	County State
	22a certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry	, ond in my opinion
ICAL E tar. Pa for CTOR: burial,	death resulted from Natural causes , Accident XX, Suicide , Hamicide , Undetermined manner	
please e I director retained DIRECT or to bu	CHIEF MEDICAL EXAMINER	
	ACTUAL SIGNATURE OF NEULAL EXAMINER 22% DATES	SIGNED
ory, ory, be be Pr	Acting DEPUTY MEDICAL EXAMINER X	b. 16, 1968
o DEPUTY necessary, pi the funeral 5 may be re o FUNERAL I Health prign	NAME (Type) Cornelius J. Burns, M.D. ADDRESS(Street, city, town, or county) Cheverl	y, Maryland
TO DEPL necesso the fun 5 may TO FUNEI Health	DEMOVAL (Specifical	(Caunty) (State)
*	burial	
M	24. FUNERAL DIRECTOR The S.H. Hines Composiny 2901 14th St. N.W. Washington, 1C. DATE FFB 19 1968	SIGNATURE CONSTRAINT TO
VR A15ME (5) 3	2901 14th St. N.W. Washington, LC. DAME FEB 19 1968	0





1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	. ;		13029
ATE		MEDICAL CAMINITER S CERTIFICATE OF DEATH	a la cara
DEPT.	OEC (Ty	OF ESTI-	
		Clarence Levi Lee DEATH MAIED LX 2-2	1-68 195:00am
3	SEX	4. RACE S DATE OF BIRTH 6 AGE (In years IF DNORF I YEAR IF UNDER 24 HRS. 2c DATE PRONOUNCED DEAD Months Days HOURS Meh. Day	Year 2d. HOUR
	Ma	le White 7-3-1887 80 yrs. 2 21	68 19 11 00am
	o Bil ountr	THPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
		MAKYLANI) V. 7, 1 Mooned Prince George's	Md
16	o (11	Y OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitor during most of working life, even if retired)	126 KIND OF BUSINESS OR
		give street oddress) iverdale Chamber's Funeral Home JAMESTOPENE (Where deceased lived if not but on Residence before) 13c. CITY OR TOWN 13d. INSIGN CITY LANDS?	FAICM
	3e l - adn	Some west person accorded to the state of th	
		, yatana	
14	4 FAI	HER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
`			N 2 5
16		AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS NET AD	NINISOK MI
-		AL POLICE TO THE PROPERTY OF T	T APPROX MATE INTERVAL
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY LICENSE FOR THE PROPERTY OF THE PROPERTY O	BETWEEN ONSET AND OFATH TRAINUTES
ı	-	IMMEDIATE CAIRE (a) RECEIVE LEALINE	unknown
		DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease	UIIKIIOWII
	- 1	ise to Immediate couse (a).	
		ost. DUE TO, OR AS A CONSEQUENCE OF	
1	L	(1)	
	ا	ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
3	<u> </u>	90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
	3	WAS PERFORMED?	YES NO Z
1021		To EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c HQW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, 1	
13	₹	PRIMARY OR CONTRIBUTING HOUR A.M	
MED		CAUSE OF DEATH P.M. 19 1d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
		WHILE NOT WHILE foctory, office building, etc.)	
	+	22o. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry	ond in my opinion
		death resulted from: Noticel courses X, Agreent , Suicide , Homicide , Undetermined monner	
		CHIEF MEDICAL EXAMINER	
		ACTUAL ACCUTANT MEDICAL EXAMINED 72b. DATI	E SIGNED
		SIGNATURE OF THE OFFICE OF THE	2-22-68
,		EXAMINER S	
=	230	BLIGHTERMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town)	(County) (Stote)
	7	WRITE'L FEB, 25/168 SAM'S CREEK CEM, MARSTON, CAN	POLL, MD
1 F	24	WHERA DIRECTOR 250 REGISTRAR 250. RECO BY REGISTRAR 250. REGISTRAR	SIGNATURE
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MAKTLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH





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4	1	3047	DIVISION OF VIT	TAL RECORDS, 3	301 W. PRES	TON STREET, BAL	TIMORE, MA	RYLAND 21201		
-77				C	ERTIFICAT	TE OF DEATH			. 160	33
# _\\#. /		CEASED-NAME First		M'ddle		Last	2a. DATE O			2b. HOUR
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fun T	3. SE		4 RACE			DATE OF BIRTH		6 AGE (In years	IF LINGER I YEAR	IF UNDER 24 HRS
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ecuted with campletely ave carban y event, with	13a.	USJAL RESIDENCE (Where decease ssian) STATE	d lived, if institution. 13b. COUNTY	Residence before	13c CITY OR TO			TREET AND NUMBER		
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and (14. 1	ATHER'S NAME First	Middle	Last	1S. M	OTHER'S MAIDEN NAME	First	Middle	-	Last
n a se i	L	Joseph L.							Swi	nson
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CIAN: The little are after filter to as a far use as fleath pri	ŒKI	21a. ACCIDENT WAS UNDERLYIN		URY	21c. HOW	INJURY OCCURRED (Ent		iry in Part 1 or Part 2,	Item 18.)	
YSICIAN: ospital ar certificate hed for u	MEDICAL	☐ OR CONTRIBUTING ☐ CAUSE OF GEATH	HOUR A.M. M	lanth Day Year		·	·		•	
YSIOSP losp cert cert ched pt. a		21d. INJURY OCCURRED 21e	PLACE OF INJURY (AT F		PRY.) 21f LOCAT	ION Street or R.F.D. N	a. City	or Town	County	State
PH he h this leta Deg	ı	While Nat while at wark	₹ DFFI	CE BUILDING, ETC.	1					
ING by the ter ter tate		220. I certify that (I) (thi	s hospital) attend	ed the deceased	from_1 =	7 , 191	2/_, 10_0	17 19	4 , that	I) (we) lost
Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director page 3 shauld be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, and Medical examiner notified & App		saw the deceased al causes stated abave	(I) (wa) (did)-fdia	- 19	and th	nat in (my) (aux) ap	onion deoth	occurred an the do	ite and hour a	nd/from the
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may be re RAI DIREC r page 3 s be filed wi		UCC	re-tz	ue of	DEGREE	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS.	2-126	8
AL AL O	l	22d PHYSICIAN S	}	N -		22e ADDRESS				
SPIT 4 m d be d be		NAME (Type) Aaro	n Deitz, I	M. D.		Prince G	eorge I	Plaza Chev	verly, N	1d
TO HOSPITAL (Page 4 may be to FUNERAL D director page should be file	23a.	BURIAL, CREMATION, 23b. D		23c. NAME OF CE	EMETERY OR CRE	MATORY	23d. LOCATI	ON (City or Tawn)	(County)	(State)
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£ (A8) €	1. DE	CEASED-NAME First		Middle	Last	20.	DATE OF DEATH		2b. HOUR
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fur fur ter	3. SE		4. RACE		S. DATE OF BI	RTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UI MONTHS DAYS HOL	NDER 24 HRS,
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fille fille frint frint	10. C	TY OR TOWN OF DEATH	11. NAME OF grye street,c	HOSPITAL OR INSTIT	UTION (If not in haspital	12a USUAL OCC	CUPATION (Kind of work done working life, even if retired.)	126 KIND OF BUSII	NESS OR
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the death certificote be executed within 2s the ottending physician and completely filled sit permit. Then please remove carbon pap nation, ar remaval, and in ony event, within 7		s, na, ar unknown) (If yes give w	or or dates of course)	20-44-40	4.0	e Rankin	- Adelphi - nd	STADOCO	1000
ph hen nove	Ħ	1B. CAUSE OF DEATH (Enter an			0.2 · pc-, Carr	· · · · · · · · · · · · · · · · · · ·	Haelphi - 179	APPROXIMATE I	NTERVAL
ding ding		PART I. DEATH WAS CAUSE IMMEDIA	D BY:	(d), (d), and (c)	Duren	, b.		BETWEEN ONSET A	IND DEATH
deo ffen frmi n, ar		IMMEDIA		ONCEOUGNICE OF	_vmog	e t		1 11/1/1	VV
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that thous the by the transit j		rise to immediate cause (a), stoting the underlying couse(DUE TO, OR AS A C		- VIII CONTE	TORKER EXT	The state of		
aprires the shysicion igned by wrial-tro		last	(c) God	iobelaiso	mk of 1	crain		6 m	0-
w requires that the death certificate be executed within 24 hours after deating physicion. The signed by the ottending physician and completely filled in by the function of the burial-transit permit. Then please remove carbon papers. Taggs I am to burial, cremation, ar removal, and in any event, within 78 hours after deating to burial.		PART 2 OTHER SIGNIFICANT COL	NOTIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO THE TERMINA	L DISEASE OR CONDIT	ION GIVEN IN PART 1(a)		
w re ling sen the l	<u> </u>	1:							
e low ratending so been as the prior to	S S	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OF	PERATION WAS PERFO			20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIF	YING
r offi e ho use use	CERTIFICATION				YES 🗀				
- 9		21a. ACCIDENT WAS UNDERLYING CAUSE OF DEAT	H HOUR A.M. Mai	RY nth Day Year	21c. HOW INJURY OCC	CURRED (Enter notu	re af injury in Port 1 or Part 2	, Item IB.)	
Spit spit entif ed ed :	MEDICAL	(If either, notify medical exomi	ner) P.M.	19	A STATE OF S	at as DED Ma	City or Town	County	Stote
PHYSIC le hospi his certi stoched Dept. o		***************************************	PLACE OF INJURY (AT HO.	BUILDING, ETC.	211 LOCATION STREE	el or K.P.D. No.	City of fown	county	31016
DING P by the liter th be det State D		22a L certify that (1) (th	is bespitall-attander	d the deconsed	from Lita ha	1967	to 2 6	that /	(June) Inc
d by the After of be deed of the deed of t	1	22a. I certify that (1) (the saw the deceased a	live an Z	19	and that ih (m	y) (our) apinian	death accurred an the d	ate and havr and	fram the
R ATTENI retained reCTOR: A 3 should with the		causes stated abav	e, (I) (we) (did) (did -	not) view the ba	dy after death.				
OR AT be reto SIRECT (e. 3 shreed with		22b. SIGNATURE	·mat		DEGREE PHYS	NG MED.	STAFF -	DATE SIGNED	-
ral OR nay be AL DIR page 3 page 3 e filed		22d. PHYSICIANS	new III		DEGREE PHYS.	DIRECTO	OR LI PHYS. LI	1 10	. 1
RAL Be		NAME (Type) K-1	· Baner 1	n.7.	25		Klonge Rul-	CHE/phi	11/11.
O HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the hospital O FUNERAL DIRECTOR: After this certifica director, page 3 should be detoched for should be filed with the State Dept. of He	23n	BUR AL, CREMATION, 23b.			AETERY OR CREMATORY	23d	I. LOCATION (City ar Tawn)	(County) (S	State)
Pag Pag dire		REMOVAL (Specify)	2 1068	tout l'i		:0	rince George (o. Marul	· .
	19	FUNERAL BURESON C. S.	2 1	SU 34 ADDRESS	Sia Aug	25a. REC D BY_REG	SISTRAR 256 REGISTRAR		100
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MAKTLAND STATE DEPARTMENT OF HEALTH



MAKYLAND STATE DEPAREMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13031 CERTIFICATE OF DEATH 1 DECEASED-NAME M ddle 2a. DATE OF DEATH First Last 2b. HOUR deoth. (Type or print) ond hours after 3. SEX 4 RACE DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birtheay) MONTHS DAYS HOURS YRS 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? **9 COUNTY OF DEATH** MARRIED NEVER MARRIED WIDOWED DIVORCED OK 98 RINCE buriol, cremation, or removal, and in any event, within IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR requires that the death certificate be executed within awa street address? INDUSTRY during most of working ife, even if retired.) please remove carbon **RECTOR:** After this certificate has been signed by the attending physicion and completely 3 should be detached for use as the burial-transit permit. Then please remove carbon with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with 13a USUAL RESIDENCE (Where decreased lived, if institution Residence befare 13d INSIDE CITY LIM TS? NOF 14. FATHER 5 NAME Middie IS MOTHER'S MAIDEN NAME First Middle 16g. WAS DECEASED EVER IN L.S. ARMED FORCES? **ANFORMANT** (If yes give wor or dates of service) Yes, na, or unknown) 4-7309 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave a rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying cause 260 V PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) FROSTER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20g. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 NO K 21a. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Day Year P.M (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY County State City or Town While Mat while at work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this hospital) attended the deceased from July saw the deceased alive an 2/ 166 to 1968, and that in 1967, to FEB _1968, and that in (my) (oor) opinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 225 SIGNATURE 22c. DATE SIONED ATTENDING PHYS. STAFF PHYS. director, page 3 should be filed v DIRECTOR 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) 3302 230 (BURIAL CREMAT ON. 23b. DATE 23c. NAME OF CEMETERY OR CREMATOR) 23d. LOCATION (City or (State) (County) REMOVAL (Specify) Charto FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 [4] 6 DATEFEB 30M REV 1/68 196B

MARYLAND STATE DEPARTMENT OF HEALTH



					STATE DEPARTMENT			
1		2050	DIVISION OF VIT	'AL RECORDS, 30	1 W. PRESTON STREET,	BALTIMORE,	MARYLAND 21201	27.20
		J3052		CE	RTIFICATE OF DEA	ATH		3638
		ECEASED-NAME First	-	Middle	Lost	20. DA	TE OF DEATH	2b. HOUR
	į	Type or print) MAR	JA	KOSA	MARTIN		Month Day	Year
	3. SE	X	4 RACE		S. DATE OF BIRTH	1 -	6. AGE (In years last birthday)	F JNDER 1 YEAR F JNDER 24 HRS. MONTHS DAYS HOURS MIN.
	L	emale	1 Care	2.	17/24	197.	7 O YRS.	MORE TO THE PARTY OF THE PARTY
	7b F	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT C		MARRIED NEVER MARRIED		Y OF DEATH	
		CUBA	Cuba		VIDOWED DIVORCED	J TR		DAGE M
	1 7	CITY OR TOWN OF DEATH	g ve street	DEHOSPITAL OR INSTITUTION OF HOSPITAL OR INSTITUTION OR INSTITUTION OF HOSPITAL OR INSTITUTION OR I	UTION (If pot in haspital 17)	uring most of wor	TION (Kind of work done king life seven if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
	13a	USUAL RESIDENCE (Where deceas	ed lived, 'f institution I	Residence before 13	c, CITY OR TOWN 13d, INS	SIDE CITY HIMITS? 13	e STREET AND NUMBER	
	aum	issian) STATE Md.	13b COUNTY P. C	j. H	yattsville YES	€ NO □	9121 Spring	Hill Lane
	14, [FATHER'S NAME First	Middle	Lost	15. MOTHER S MAIDEN	NAME First	M. adle	Lost
		Luis		Martin	Antonia		I	Portillo
		WAS DECEASED EVER IN U.S. ARN (es, no, or unknown) (# yes give w	ED FORCES? or or dates at service)	. SOCIAL SECURITY NO	17 INFORMANT		Address	
		no		none	Nelda F. A	rmas_S	iame as #13	
		1B. CAUSE OF DEATH (Enter on	y ane cause per line to	r (a), (b), and (c).)	1 1 4	/		APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
		PART I. DEATH WAS CAUSED IMMEDIA	TE CAUSE (o)	Inemia	1 undeles	med	april	2 weeks
	. ,	2859	DUE TO, OR AS A	CONSEQUENCE OF	U			
		Canditions, if any, which gave trise to immediate cause (a),	(b)					
		stating the underlying couse	DUE TO, OR AS A	CONSEQUENCE OF				
		lost. 293 x	(c)		<u> </u>			
)(PART 2. OTHER SIGNIFICANT COM	DITIONS CONTRIBUTING	TO DEATH BUT NOT I	RELATED TO THE TERMINAL DISE	ASE OR CONDITION	GIVEN IN PART 1(a)	
	<u>S</u>	Certific Vo	new.	acción	Dura las turoscus	To	N IF MED HIERE THICHAGE FO	MICHOLDED IN CENTRALIA
	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH O	PERMITON WAS PERFO	1	1	Ob IF YES, WERE FINDINGS CO AUSES OF DEATH?	MAIDERED IN CERTIFIING
	ERTI	2)a. ACCIDENT WAS UNDERLYIN	G 216. TIME OF INJU	IPV	YES	NO Contex poture of	injury in Part I or Part 2, II	am 191
		TOR CONTRIBUTING CAUSE OF DEAT	E HOUR A.M. M	anth Day Year	21C. HOW HOURT OCCURRED	(this name a	injuly to run 1 or run 2, II	eu ioi
	MEDICAL	(If either, natify medical examinated 11d. INJURY OCCURRED 21e.	er) P.M.	DME, FARM, STREET FACTOR	() 21f LOCATION Street or D	FD No.	City or Town	County State
		While Nat while at wark at wark	(DFFII	CE BUILDING, ETC.	21f. LOCATION Street or R	a.o. nv.	city or town	coomy Side
			s-hospital) attende	ed the deceased	from 11-21	. 19_67 . to	2-13 190	that (I) (we) los
		22a. I certify that (I) (the saw the deceased a	ive an 2-2	194	and that in (my) (o	ur) opinion de	oth occurred on the dat	e ond hour ond from the
		couses stoted above	, (I) (wo) (did) (did	-not) view the ba	ly after death.			
		22b. SIGNATURE	10 00		DEGREE PHYS	MED.	CTAFF 1	ATE SIGNED
		22d. PHYSICIAN S	Coy	sen	DEGREE PHYS 220. ADDRESS	DIRECTOR	PHYS. U A	-13-68
		NAME (Type) DON	ALD C. E	ED GKEN	ZZG. AUUKESS	(tyatter	ile, mi,	
ŀ	23a	BURIAL, CREMATION, 23b		23c NAME OF CEN	ETERY OR CREMATORY	23d L0	CATION (City or Town)	(County) (State)
	F	BREMOVAL(Ipecify) 2,	16/68	Rock (Creek		shington D.	J.
	24.	FUNERAL DIRECTOR		ADDRESS	2Sa.	REC'D BY REGISTR	AR 2Sb REGISTRAR'S	
ı	7	Francis Gasch	s Sone Hy	atteville	Md DATE	FF8 1	9 1968 pile	10

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J		บ305ช	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET	r, Baltimore, Maryland 212	201
4		00000		CERTIFICATE OF DE	ATH	3039
£ 377 £		FCEASED-NAME (ype or print)	. M. ddle	Malast	20 DATE OF DEATH Month	2b. HOULD
24 hours after death din by the fuberal pers Pages 4 and 72 hours after death Rack Mark Mark Mark Mark Mark Mark Mark Mar	L	CREO	MANG G	MAYES	Feb. 24	1968 11:25 M
offer of the control	3 S		4. RACE	S. QATE OF BIRTH	6 AGE (In year last birthday)	IF UNDER 1 YEAR OF UNDER 24 HRS. MONTHS DAYS HOURS M.N.
y the Page	 _	Male	Negroid	9/13/03	64	YRS.
hours hours		BIRTHPLACE (Stote or foreign 1 ntry) North Caroli	7b. CITIZEN OF WHAT COUNTRY? na U.S.A.	8 MARRIED NEVER MARRIED		
in 24 ho filled in papers hin 72 ho	10.0	CITY OR TOWN OF DEATH		WIDOWED DIVORCED INSTITUTION (# not in hosp.tol 1	Prince George 120 USUAL OCCUPATION (Kind of work	done 12b KIND OF BUSINESS OR
inted within 24 hours material filled in by the carbon papers. Page event, within 72 hours		Cheverly	give street oddress)		during most of working life, even if ret	
and completely remove carbon nany event, with	13o	USUAL RESIDENCE (Where deceoses	d lived, it institution. Residence before	e 13c CITY OR TOWN 13d H	NSIDE CITY JIMITS? 13e STREET AND NUMB	ER
E s s	odm	ission) STATE Mary Land	Prince Georges		□ NO□ 3924 A111	on Ct
exe exe		FATHER S NAME First	Middle Lost	15. MOTHER'S MAIDEN	NAME First Mid	ldle Lost
be an din din		Ezia Mayes		Cora Ti	11ley	
sicia oleo:		WAS DECEASED EVER IN U.S. ARME 'es, no, or unknown) (If yes give wor	D FORCES? 16b. SOCIAL SECURIT	Y NO. 17. INFORMANT	Add	ress Wife
requires that the death certificate be executed physician. signed by the attending physician and comples buriol-transit permit. Then please remove to burial, cremation, or removal, and in any event					<u>res - 3924 Allison</u>	St. Brentwood Md.
ing the ce		1B. CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	one couse per line for (o), (b) and	(d)	Hemorrhage, left	BETWEEN ONSET AND GEATH
deal tend mit,	L	, IMMEDIAT	E CAUSE (o)		nemorrhage, leit	
the at per		Conditions, if any, which gove)	DUE TO, OR AS A CONSEQUENCE (Cardio)F		
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まる 8年 /	E E			YES XX	_	es
AN: of or icote for us Health		21 c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A M. Month Doy Ye	21c. HOW INJURY OCCURRE	ED (Enter nature of injury in Port 1 or F	Port 2, Item 18.)
SICI spitite ertiff eed to f	MEDWAL	(If either, notify medical examine	r) PM.	19	nen il	
OR ATTENDING PHYSICIAN: be retained by the hospital or DIRECTOR: After this certificate ge 3 should be detached for u ted with the State Dept. of Heal	_	***************************************	LACE OF INJURY (AT HOME FARM, STREET, OFFICE BUILDING, ETC.	PACIONT, 211 LOCATION Street or I	R.F.D. No. City or Town	County State
NG A The ote of the ot	П	ui work of work	hospital) attended the decar	sed from Feb 24	1968 to Feb 24	19.69 that (4) (wa) last
NDI Sid b id b id b ie St		saw the deceased alr	ve on Feb. 24	_19 68 and that in (psy) (c	our) apinian deoth occurred on f	, 19 <u>68</u> , that (1) (we) last he date ond hour and from the
oine Poul	ı		(1) (we) (did) (did) (we) view th	e body after deoth.		
OR A be ret be ret a seed will		22b SIGNATURE	1	DEGREE PHYS	MED. STAFF	/22c. DATE SIGNED 2 - 26 - 68
N N O		22d. PHYSICIAN'S	T-umin	22e. ADDRESS		/ 1
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be exectly a map be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and accidirector, page 3 should be detached for use as the burial-transit permit. Then please remosphale filed with the State Dept. of Health prior to burial, cremation, or removal, and in any		NAME (Type) RUF	KANCH no	0- 772	9 Finns Lane,	Zanham Mid
HOS ge 4 FUN recto	230	BURIAL, CREMATION, 23b. DA	ATE -29-68 236 NAME (OF CEMETERY OR CREMAJORY	23d LOCATION (City or Town	(County) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			-29-68	arver Memor		eurge . Md.
VR A 15 (4) 30M REV 1768	24.	PUNERAL DIRECTOR	3015-ADDRE	mar - / 1/2		TRAR'S SIGNATURE
30M KEV TYSE	110	no lillhoos	O WAShing	ton D.C. DA	FEB 2 9 1968 200	iarles Judges .

MIAKTLAND STATE DEPARTMENT OF HEALTH





	1	20056			D STATE DEPARTME				
17.7		00055	DIVISION OF VIEW		301 W. PRESTON STRI		ARYLAND 21201		
VI	_				CERTIFICATE OF C	DEATH		936	41
(事)=2年		ECEASED-NAME First (ype or print)		Middle	Last	2o. DATE		V	DOAUR
death.		ypa or print)	Frederick	W.	Meade	Feb		1968 year	6 PM
full full	3. SE		4. RACE		S DATE OF BIRT		6. AGE (In veors		IF UNDER 24 HRS. HOURS MIN.
s af		Male	Caucasi	.an	Oct -	2 2, 188	last birthdoy)	MOMBES DATE	DOTACE WIN
by by	7o I	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT CO	OUNTRY?	8 MARRIED NEVER MARR	ED 9 COUNTY	F DEATH		
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illec	10. 0	ITY OR TOWN OF BEATH	II NAME C	F HOSPITAL OR IN	TITUTION (If not in hospital	12a USUAL OCCUPATIO	N (Kind of work done	12b KIND OF B	USINESS OR
PHYSICIAN: The law requires that the death certificate be executed within the haspital ar attending physician. The haspital ar attending physician and completely filles certificate has been signed by the attending physician and completely fillestached far use as the burial-transit permit. Then please remave carbon particle of Health priar to burial, cremation, ar removal, and in any event, within the priar to burial.	c	heverly	Princ	e Geo.G	en'l Hospital	during most of worker	g life, even if retired)	LAFRITZ	· CO
d v id v id v id v	130	USUAL RESIDENCE (Where deceose	ed lived, if institution R	lesidence before	13c. CITY OR TOWN 13	Id. INSIDE CITY LIMITS? 13e.	STREET AND NUMBER	67111111	
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exe od co		ATHER'S NAME First	Middle	Lost	15 MOTHER'S MAII		Middle		Lost
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cian cian and		WAS DECEASED EVER IN U.S. ARMI		SOCIAL SECURITY I	17 INFORMANT	11	DUNKIF	N/ KAL	
hysi hysi	У	es, no or unknown) (If yes give wo	or ar dates of service)	173805	POGER	MEADE.	DONKI	sit, IND	P
g pl		18. CAUSE OF DEATH (Enter only	v one couse per line-for	(a), (b), and (c).				APPROXIMA	ATE INTERVAL SET AND DEATH
odin If. Tree		PART I DEATH WAS CAUSED	By.	onto (Kulmer sin	Eden o		9-6	ET AND DEATH
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fica far far far		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Ma	onth Doy Yeor		total fattor notoro or in	1017 111 1011 1 01 1011 2	70.7	
rSIC sspi serti red t. o		(If either, notify medical examination 21d INJURY OCCURRED 21e. if		DME, FARM STREET, FAC		or P.F.D. No.	ty or Town	County	Stote
PHY e ho nis o nis o pep		While Mot while my	OFFIC	E BUILDING, ETC	TORY, 21f. LOCATION Street	of Kilo. No.	17 01 10411	Cobilly	31015
de de de		22g Leastify that (1) (Abis	-bocartal) ottondo	d the decore	d from 1955	19 ta	Fab 5 10	68 that	(I) (ump) fort
Aft be Straight		sow the deceased of	ive on Fob	S life deceosi	968 , and that in (my	(esc) opinion death	occurred an the d	ate and hour o	nd from the
ATTENDING staned by the CTOR: After 1 should be diffit the State	1	causes stoted obove,	, (I) (90%) (did) (ded	not) view the	968 , and that in (my body ofter death.				
Fe F		22b SIGNATURE	Plan		ATTENDING	HER	STAFF - 22c	DATE SIGNED	
OR be rule 3	_	7 1/6	dulition_	n.	DEGREE PHYS	DIRECTOR -	PHÝS 🔲]	Feb. 6, 1	1968
TAL AL AL E	I^{\checkmark}	22d. PHYSICIAN'S NAME (Type) Thomas			22e ADDR				
SPI 4 m VER Id b		1110000	s M. Hutch			Landover R	1. Landove	er, Maryl	and
Page 4 may be retained by the haspital ar attending physician. To Hospital or Attending Physician. To Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, gage 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death	230	B JRIAL, CREMATION, 23b D. SEMOVA (Specify)	ATE TO LOT C	T. Lore C.	CEMETERY OR CREMATORY	· U	10h (City or Town)	(County)/	(Stote)
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VR A15 (4), 7	24	FUNERAL DIRECTOR	inne ()	ADDRESS		250 REC'D BY REGISTRAR	2Sb REGISTRAR		
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 J3956 . 3140 CERTIFICATE OF DEATH DECEASED NAME Middle Last 2a. DATE OF DEATH 2b. HOUR death pulo (Type or print) Month Edward KENNETH Miles 968 Feb. signed by the attending physician and campletely filled in by the fur burial-transit permit. Then please remave carban papers. Pages 1 burial, cremation, ar remaval, and in any event, within 72 haurs after 4 RACE 3 SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) HOURS Male Caucasian Dec. 19, 1901 66 24 hours 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED THE NEVER MARRIED WIDOWED [DIVORCED [Prince Georges IO. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUA, OCCUPAT ON (Kind of work dane 12b. KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life even if retired.

Justice City Limits 13e. STREET AND NUMBER give street oddress) Prince Geo. Gen'l Hospital Cheverly 13a. LSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. JNSIDE CITY LINUTS? I 13b COUNTY Maryland Capital Hehts 50th Ave IS MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Middle Lost 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160) **D FUNERAL MIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NOX XIX 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, not fy medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Tawn State County While Not while at work 220. I certify that (lk (this hospital) attended the deceased from Feb. 4., 1968, ta Feb. 4., 1968, that (we) last saw the deceased alive an Feb. 4. 1968, and that in from (our) apinian death accurred on the date and haur and from the couses stated above, (k (we) (did) attack) view the bady after death 22c. DATE SIGNED 22b SIGNATURE ATTENDING STAFF PHYS PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Prince Georges General Hospital Riccardo Franchi 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City pr Town) 23g BURIAL CREMATION (State) (County) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 1968 DATE 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) O. STATEARYLAND COUNTY PRINCE GEORGES MARYLAND b CITY OR TOWN (If outside corporate imits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate amits, write RURAL and give nearest town) DISTRICT HEIGHTS d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? 7212 Foster Street 7212 FOSRER STREET NO K YES NAME OF Middle 4. DATE DECEASED Α. (Type or print) DEATH TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed S. SEX AGE (In years IF UNDER 24 HRS 6. CDLOR DR RACE 8. DATE OF BIRTH NEVER MARRIED 12 birthdoy) Hours FEMALE WHITE MAY 19, 1895 DIVORCED 100. JSUAL OCCUPATION (Give kind of work done during post of working the even if refired) 10b. KIND OF BUSINESS OR 1). BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? ITALY USA 14. MDTHER'S MAIDEN NAME 13. FATHER'S NAME UNKNOWN UNKNOWN 17. INFORMANT Address WILLINGBORO 1S. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SDCIAL SECURITY ND. (Yes, no, or unknown) (If yes give wor or dotes of service) ALBERT A. BOSC. 188 SOMERSET DR. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit IMMEDIATE CAUSE (0) CARPINOMA OF STOMACH WITH METASTASIO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse WAS AUTOPS PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (Stote) (County) factory, street, office bldg., etc.) 21. 1 certify that (1) (this haspital) attended the deceased frams Anuary, 1967, to FEG 23, 1965, that (1) (we) las saw the deceased alive an 1-63, 22, 1968, and that death accurred at 11/6 M, from causes and an the date stated above 22a SIGNATURE 22b. DATE SIGNED MED. DIRECTOR 2-23-68 22c. PHYSICIAN'S 22d. ADDRESS TO FUNERAL NAME (Type) 5103 MARLBURO RNELSEN 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b DATE THEREOF 23d LOCATION (City or Town) (County) 2/26/68 FT. LINCOLN CEMETERY PRINCE GEORGES. MARYLAND 24 FUNERAL DIRECTOROBERT E. Wilhelm Funeral Home 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 4308 Suitland Road, Suitland, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13340 3335× CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY Md Md Prince George papers Pages 17 hin 72 hours after Prince George MARYLAND b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel Larrel d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS B IS RESIDENCE ON A FARM? Laurel General Hospital 1018 Bond Mill Road YES 🔲 NO D requires that the death certificate be executed within NAME OF Middle First 4 DATE Manth Year and in any event, wit Last Day and campletely DECEASED (Type or print) OF Moller 2 68 Herbert 19 DEATH 7. MARRIED 📆 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 9. AGE (In years **NEVER MARRIED** birthday) Manths Davs hours White Male 3/16/14 WIDOWED DIVORCED 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT during most of working rife, even if retired) INDUSTRY COUNTRY? Sub Sanitary Wash. D. C. Wash. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, ar remayal, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war or dates of service) CAUSE OF DEATH (Enter only one couse per line for (a) (b) PART I DEATH WAS CAUSED BY. INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) DHE TO signed ! Conditions, if any, which gave (b) rise to immediate cause (a). DUE TO stating the underlying couse d far use as the af Health priar to has been last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO this certificate 20a ACC DENT WAS UNDERLYING [205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER director, page 3 shauld be detache shauld be filed with the State Dept. 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) Hour a.m Nat While factory, street, affice bldg , etc.) at work at work O FUNERAL DIRECTOR: After Page 4 may be retained by 21. I certify that (I) (this haspital) attended the deceased fram 5 . 1962, that (1) (we) last . 19 . ta 19 65 and that death accurred at 3 PM, from causes and an the date stated above. saw the deceased alive an. 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. PHYS. 22d. ADDRESS 22c/PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23b. DATE THEREO! 23c 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Spetify) 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 2Sb. 'REGISTRAR'S SIGNATURE VR A15 (4)



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FOR STATEVI			MEDICAL EX							411
HEALTH DEPT.	1. DECEASED-NA (Type or Pri			Middle	Last 🧀		2a. DATE KN	IOWN Month	Day Year	2b HOUR
oy is 3 to Page int of		Mary		ue	Moran		DEATH M	ATED 2-22	-68 193	3:40pm M
deloy and 3 R3. Par	3 SEX	4 RACE	5 DATE OF BIRTH	6. AGE (15 years last birthday)	HUNDER YEAR	HOURS M.N		NOUNCED DEAD		2d HOUR
0 5 2 3	Female	Uhite	2-16-1931	37 YR		ALT,	Manth 2	22y	68 19 3	3:4.0pm M
ep 2	70 BIRTHPLACE	(State or foreign	76 CITIZEN OF WHAT COUNTR'		IRRIED NEVER MAR	RIED 9 COU	INTY OF DEAT	H		
	country)	utucky	USA			RCED P	rince (deorge 's		Mo
Poges vith for	10 CITY OR TO	WN OF DEATH		SPITAL OR INSTITUTIO	N (If not in hospito)			nd at work done	12b KIND OF €	BUSINESS OR
P 2 4	River		give street codre	emorial Ho	spital	Me	working lite,	even if retired)	INDUSTRY	elene
s after 18 Giv e olong 2 with i	13a USUAL RE	SIDENCE (Where deceos	ed lived, if institution. Resid	ence before 13c. CIT	OR TOWN 138	ONSI CITY JAMOSS	13e STREET A			
W = 1. P//	ndmission)		136 COUNTY Pince George	Laure	<u></u>	YES NO	933 P	ark Hill	Road	
hours Item 1 Office I and 2	14. FATHER'S NA	AME First	Middle	Lost	15 MOTHER'S MAID	DEN MAME First		Middle		Last
	Ca	rrall	Daker	1	Mary	want		ldan	· .	. V.
hin 24 ncil in niner's poges hours	160 WAS DECEA (Yes no, or u	SED EVER IN U.S. ARMED I	ORCES? 16b SOCIA	L SECURITY NO.	IZ INFORMANT	1 . /	1	ADDRESS How	blura	nelle
within pencil xomine ile pog 72 hou	(185 1)0, 010		may of fraint of Selvice		Marga	wit a	dam		Kentu	cheri
			y ane cause per time far (o)	(b), and (c).)	1			/	APPROX M	IATE INTERVIAL ISET AND SPEATH
executed inding in Medical E r permit. I	PAI	RT I. DEATH WAS CAUSED IMMEDIA) BY. ITE CAUSE (0) Gun sh	not wound	of head	}				Jan Jan
be executed 'pending' n nief Medical E unsit permit. Fevent within	/		DUE TO, OR AS A CONS							
be priper		is, if ony, which gove a mediate cause (a), {	(b)							
should be e the Chief the Chief urial-transit in any ever	stating t	he underlying cause (DUE TO, OR AS A CONS	EQUENCE OF						
should be e word 'pi the Chief the thing the chief in any eve	lost.		(c)							
s certificate si e, writing the forwarded to used os a bu emovol, and is	PART 2. O	THER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED	TO THE TERMINAL D	SEASE OR CONDITIO	N GEVEN IN PA	RT 1(a)		
writicot warded warded sed os o	=				1					
is certificate te, writing the forwarded to used as a Eremoval, and	190. DATE 2-2 210. EXTE	OF OPERATION		ITION FOR WHICH OP PERFORMED?	ERATION	. 4.7			20. AUTO	PSY?
2	₩ 2 <u></u> 2	22-68	WAS	Gun	shot wour	nd of hea	ad		YES [NO 🔀
4 2 P		RNAL CAUSE WAS OR CONTRIBUTING	216. TIME OF INJURY Mon HOUR A.M.	nth, Day, Year	21c HOW INJURY OCC	CuRRED (Enter natur	re of in Jry in	Part 1 or Port 2, It	em 18)	
VER: Terrification to the state of the state	PRIMARY CALSE OF	DEATH	on. 3:00 am 2-	-22-19 68	Shot self	in head	l with	.22 cal.	rifle.	
mat mat		RY OCCURRED 2 e I	HOUR A.M. 3 OVERM 2- PLACE OF N. JRY (At hame, factory, office building, etc.)	rm, street,	21f LOCATION Street o	orRED N.	C ty or T	0 wn	County	\$tate
EXAMINER: cute the certiage 4 should ryour files. Page 3 should, cremation,	AT WORK	NOT WHILE TO	home		same as	s #13				
	22	o I certify that I to	ook charge of the remain	ns described obov			pection X	, Inquiry 🗓	ond in	my opinion
2 6 5 6 E	deo	th resulted from	Notard couses ,	Accident .	Suicide 🔀	Hom cide	Undeterr	nined monner		
TY Blease val direction to E prior to E			1 14		CHE	F MED CAL EXAMINE	R 🔲			
Jan Jan 3	ACTUAL SIGNATI		162/10	N	M.D. ASSIS	STANT N' DICAL EXA	MINER	22b. DATE	SIGNED	
UT ony ner be be	EXAMIN	/ 1/ "	7 '			JTY MEDICAL EXAMI		_2-2	3-68	
ro DEPUTY Decessory, please execute funeral director. Page 5 may be retained far to FUNERAL DIRECTOR: Hearth prior to burial.	NAME (hoe MD Rive	erdale, Mo		RESS(Straet city, to	wn, or county)			
TO DEPUT necessory the funer 5 moy by TO FUNER Hearth	23a BURIAL (REMATION, / 23b	DATE 230	NAME OF CEMETER	Y OR CREMATORY	23d	LOCATION (CIT	y ar Tawn)	(Caunty)	(State)
*	Bur	(Spec fy)	ch 26/968	BALTIN	LORE NA	74 Con	151	ZIM	ORE 1	MD
1	24 FONERAL I		1	ADDRESS	AC 8	25a RE' D BY REG	STRAR	25b REGISTRAR S	SIGNATURE	16 :
VR ATSME (5) TOM REV. 1/68	Dell	Litt Na	naldean	Laure	I Md.	DATFEB 2	7 1968	1	0	:

MARYLAND STATE DEPARTMENT OF HEALTH



1	MAKYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	. 3.445
FOR STATE Y	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	8 27 17 17 19
HEALTH DEPT	1 DECEASED NAME First Middle Lost 20 DATE KNOWN 17 Month De	ay Year 25 HOUR
af ge da	(Type or Prent) Evelyn Henrietta Morton DEATH MATED 2 1	40 6:15
	SEX 4 RACE S DATE OF BIRTH 6. AGE (In years of JADER 1 YEAR OF JACER 24 HRS 20 DATE PRONOUNCED DEAD	2d. HOUR
de de	last birthday) Months DAYS Hours Manch Days	Voor . [6.4].
Pepart Party	Tenate (Negro 4-20-2) (43/12/85)	1968 9. 67 M
- E 3	70. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
for for	COUNTRY) / nagining U.S.A. WIDOWED DIVORCED Prince George's	Md
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y ve	Cedar Heights 6416 H Street Contecting Worker	4/5-02
s after 18 Give along 2 with the death.	13a. USUAL RESIDENCE (Where deceased Lived, if institution. Residence before 13c. CITY OR TOWN	
2 w de	odmiss an) STATE Md. 13b COUNTY P.G. Dedar Hts. YES X NO C 6416 H Street	
tem 18 Office of Sand 2 v	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Last
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hin 24 nall in niner's pages haurs	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
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s with the Example File n 72		APPROXIMATE INTERVAL
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ing edit wè	IMMED ATE CAUSE (o) DIE VOI TALLIUTE	Weeks
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40%年 第5	last. (c)	
ate s a the ed to ed to ond	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)	
ing ded	6 210	
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آ ف و عب	210 EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item	
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	21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, location Street or R.F.D. ha City or Tawn factory, affice building, etc.)	Caunty State
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Pograd, Ind.	22a 1 certify that I took charge of the remains described above, held an Autopsy [7], Inspection [X], Inquiry [X],	and in my opinian
exector. Post for CTOR:	death resulted from: Natural squses X , Astident , Suicide , Homicide Undetermined manner	1
please e director etained DIRECTI	CHIEF MEDICAL EXAMINER	, a
Ty please erral director se retained 8AL DIRECT	ACTUAL 225 DATE SIG	:NED
SSGTY, funeral by be INDERAL who printed the printed t	MICHAIURE MICHAIL COMMING TO 2-3-6	
o DEFILITY necessary, please execute the funeral director. Page 4 5 may be retained for your o FUNERAL DIRECTOR: Page Health priar to burial, crem	NAME (Type) John Kenge H.D. Riverdale, Maryland ADDRESS(Street city town, or county)	,0
the Heal		
5 = 2 5 ±	REMOVA. (Specify)	aunty) (State)
1.	12000 MAEMONY HIGHIANG PACK	1400
(F)	124 FUNERAL DIRECTOR LOS 4925 Denne Due NE 250 RECD BY REGISTRAR'S SIG	
VR A15ME (5) 10M REV, 1/68	HIS, WAShington Tooks 4723 Debne 1808 NE DATE FEB 8 1968	00



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	√5 5 ±
FOR STATE	03061 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	.314
HEALTH DEPT.	1 DECEASED NAME First Middle lost 2a DATE KNOWN Month	Day Year 25 HOUR
of 36 55	(Type or Print) Raymond Hugh Mosser Raymond Hugh Mosser	-68 19 6:35apm
Poge 3 to	3. SEX 4 RACE S DATE OF BIRTH 6 AGE (In years 16 LND/R 1 YEAR 16 JND/R 24 HRS 2C DATE PRONOUNCED DEAD	2d HOLR
2, ond 3 t	Male Thite 7-26-1927 LOST birthday) MONTHS DAYS HOURS MIN. Month Day	68 19 6: 50 som M
	70. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	OS O. DOGALI.
, D. B.	Cauntry) E// 1.1. V4 () 5/ WIDOWED □ DIVORCED □ Prince George's	Md
ath b fe	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITA. OR INSTITUTION (If not in hospite 120 LSUAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
after death 3 Give Poges 1, clong with form with the Stote De	Cheverly Give street address during most of working life, even if retired	NDUSTRY
after 8 Giv olong with t	130 USUAL RESIDENCE (Where deceased lived, I institution Residence before 13c CITY OR TOWN 13d INSIGE CITY LIMITS? 13e STREET AND NUMBER	171111111
	indry land Anne Arundel Reva / YES NO 12 Cherry Road	1
thours them 10 Office	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	, Last
	mer V. Mosser Mary Ellen Westal	
hrn 24 ncil m niner's pogen hours	16d WAS DECEASED EYER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS	^
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be executed with pending in period in period Example Example Example Example International Example Internation	18 CAUSE OF DEATH (Enter only one couse per line for (n) (h) and (r))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in tief Medical E smsit purmit. F	PART I. DEATH WAS CAUSED BY. O/ IMMEDIATE CAUSE (a) Laceration of brain	
Me Me	DUE TO, OR AS A CONSEQUENCE OF Fracture of skull	
pe p	Conditions, if any, which gave) nse to immediate cause (a), (b)	
ony	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should be en word "per or the Chief burnol-tromsit	last. (c)	
章 幸 寺 。 曹	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
iffica iting arder arder od, o	Z . / . /	
is certificate, writin forward or removal,	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
-C - 0 -0	性 	YES NO 🙀
差 9 0	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Ite PRIMARY X OR CONTRIBUTING HOUR A.M.	
INER: e certiff should files. 3 shæulc	PRIMARY TOR CONTRIBUTING HOUR A.M. 6:35 pr.M. 2-11-68 Driver of car involved in collis 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 211, LOCATION Street or R.F.D. No City or Town	
the	factory, affice building, etc.)	County State
L EXAMINER: ecute the cert Poge 4 should or your files. R: Poge 3 sheu ol, cremothon,		
	22a. I certify that I taak charge of the remains described above, herd an Autapsy, Inspection	
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necessory necessory the funer 5 moy be TO FUNER Health		(County) (State)
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MAKILAND STATE DEPARTMENT OF HEALTH



			AND STATE DEPARTMENT OF F		
1.	03062	DIVISION OF VITAL RECOR	DS, 301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	34634
		. 66.131.		A DATE OF DEATH	
death	1. DECEASED-NAME Fire (Type or print)	Baby Boy	Moy lost	20. DATE OF DEATH Feb. Month 6, D	²⁶ . HOUR 1:25P
	3. SEX	4 RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS
The The safe	Male	Caucasian	Feb. 6, 196	58 (GST DIFFRODY)	S. MONTHS DAYS HOURS MIN
- 3 - 3 - 10 - 10 - 10 - 10 - 10 - 10 -	7o. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?		9. COUNTY OF DEATH	
4 h J in eers 72 h	(dunity) Maryland	U. S.	WIDOWED DIVORCED	Prince Georges	N
The law requires that the deoth certificate be executed within 24 haurs after oftending physician. has been signed by the attending physician and completely filled in by the tase os the buriol-transit permit. Then please remove carban papers. Rages th priar to buriol, cremotion, or removal, and in any event, within 72 hours after the prior to buriol.	10 CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL C	duran m	CCUPATION (Kind of work done ast af warking life, even if retired	
wi rely rebod	Cheverly	osed fived, if institution Residence bei	Gen'1 Hospital	MITS? 13e STREET AND NUMBER	
mple co	admission) STATE	13b. COUNTY	Vec C ve	6118 Breezwo	ad Caush
cor nov	Maryland 14. FATHER'S NAME First	Prince Georges	- GI CCHIDCIE	GIIO DICCEMO	
e ey		Middle La		irst middle	Last
e b	Ming Moy 16g. WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SECUI	Mee Chunlee	441	
icat icat ptec 1, o	Yes, no, or unknown) (If yes give	e war or dates of service)	III NO. III INFORMANI	Address	
Phy ova					APPROX MATE INTERVAL
h ce mar	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one cause per line for (o), (b), one	(d).)		BETWEEN ONSET AND DEATH
end end or r		DIATE CAUSE (0)	meturely.		15060
ott on,	17/X	DUE TO, OR AS A CONSEQUENCE	OF		
t the property of the property	Conditions, if any, which gove rise to "mmediate cause (a)	(b) (2)	ender	ly	
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phy sign bur bur	PART 2 OTHER SIGNIFICANT O	onditions <u>contributing to death</u> bi	JT NOT RELATED TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(a)	
w raing sen sen the rto	8 //6 X				
rend rend m bi	19a. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION WA		CALLETS OF DEATHS	CONSIDERED IN CERTIFYING
The off	RTIFI		YES NO		
AN: AN: Il or rote or u			21c HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 1	?, Item 18)
Piting Piting	ਲੋਂ (If either, notify medical exor	miner) P.M.	19		
bing PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after by the hospital or ottending physician. After this certificate has been signed by the attending physician and completely filled in by the fuber detoched for use as the buriot-transit permit. Then please remove carban papers. Pages State Dept. of Health priar to buriot, cremotion, or removal, and in any event, within 72 hours after	While Not while	e. PLACE OF INJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.	1	,	County Stote
ATTENDING stained by th CTOR: After t should be de	22a. I certify that (I) (1	bischospitals attended the dec	eased from Feb 6, 1908 1968, and that in (my) (MA) api the bady after death.	, ta Feb. b. 1	9 68 , that (I) (MZS) la
A P A P A P A P A P A P A P A P A P A P	saw the deceased	alive an Feb. 6.	19 <u>68</u> , and that in (my) (### api	nian death accurred an the c	date and havr and from th
OR Bing	causes stated abar	ve, (I) (we) (did) (did) (did) view	the bady after death.		
With Party A	22b. SIGNATURE	C :16' ~	ATTENDING N	STAFF C	DATE SIGNED
DIR Pe	A. Kenn	idy Repon	- F16-	IRECTOR L. PHYS. L.	2-6-68
O HOSPITAL OR ATTEND Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should Should be filed with the 9	22d PHYSICIAN'S NAME (Type) R.	Kennedy Skipton,	M. D. 22e ADDRESS 4500 Colle	ge Ave., College	Park, Md. 20740
HOS GUIL	23a. BURIAL, CREMATION, 23b	DATE 3/2/68 23c. NAME	OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
20 0 5 F	cremation	Pyine	e Geo. Gen. Hosp.	Chever1v	PG Md.
Ve Alexandre	24-FUNERAL DIRECTOR	J 2	RESS 2Sa REC'D B	Y REGISTRAR ZSB REGISTRAF	R'S SIGNATURE
30M REV 88	Harry W. Jenn	, Jr., Administra	tor DATE MAR	R I I 1968 gcu	conta Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 8276 MEDICAL EXAMINER'S CERTIFICATE OF DEATH I DECEASED NAME First M dd-e 26 DATE KNOWN 2h HOUR (Type or Print) ESTI Catharine Agnes Murphy DEATH MATED TX 4:00aM delay and 3 3 SEX 4. RACE 2 GATE OF BIRTH IF UNDER 24 HRS 6 AGE (In years 2c. DATE PRONOUNCED DEAD 1911 2d. HOHR Female XXX Sept 19 4:150amm White XXXX 7o. BIRTHPLACE (State or fareign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH wash. D.C. USA WIDOWED 🔀 DIVORCED [7] Prince George's Give Poges he Store 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hasp tol 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR Theathre give street address)
Prince George Hospital dueng most of working life, even if refired) Cheverly Office along 13d. HISIDE CITY LIMITS? death 130. USUAL RES DENCE (Where deceased lived, "finishtation Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER I and 2 with Tince George's District Heights I NO 6002 Surrey Square Lane after 14. EATHER'S NAME Firs! IS MOTHER'S MAIDEN NAME Middle Harry E. Burch Mary Louise Tennyson forwarded to the Chief Medical Examiner's pages 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 900 ADDRESWhamm Avenue 16h, SOCIAL SECHRITY NO. 17 INFORMANT pencil (Yes, no, or unknown) Marsha Murphy Titus Mac McLean, Virginia File APPROXIMATE INTERVAL BETWEEN DASET AND DEATH within be executed 18. CAUSE OF DEATH (Enter anly one cause per line for (g), (b) and (c)) PART I DEATH WAS CAUSED BY Heart failure minutes event DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease unknown burial-fronsit Conditions, if any which gave rise ta immediate cause (a), dny (This certificate should the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause . = and PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 writing removol 9a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES 🗔 NO X should be Ь 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 3 should MEDICAL PRIMARY . OR CONTRIBUTING . HOUR A.M. cremation. CAUSE OF DEATH 21d INJRY OCCURRED 21e PLACE OF N.JRY (At home, fgrm, street, 21f OCATION Street or R F D. No. City or Tawn County State factory, office building, etc.) WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection X., Inquiry 30, and in my opinion Natural couses IX Suicide 🗍 deoth resulted fram. Arcident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b DATE SIGNED ASS STANT MED CAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X **EXAMINER'S** 5 moy TO FUNE Health ADDRESS(Street, city, tawn, or county) Riverdale Md. 23c NAME OF CEMETERY OR CREMATORY 23a BJRIAL (REMATION 23d LOCATION (City or Tawn) (County) (State) REMOVAL (Spec fy) 2/8/68 Cedar Hill Cemetery Suitland. Prince Georges. Md. 24. FUNERAL DIRECTOR Robert E. Wilhelm Funeral's Home 250 RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE 4308 Suitland Road, Suitland, Maryland 10M REV 1/68

MAKTLAND STATE DEPARTMENT OF HEALTH



1	1	3064	DIVISION OF	F VITAL RECORDS,	301 W. PRESTON STRI	EET, BALTIMOF	RE, MARYLAND 2120	01	
	\	10003	وعوب		CERTIFICATE OF D	DEATH		0.5	3045
ج عرابة)		CEASED-NAME	Eirst	Middle	Lost	20.	DATE OF DEATH		2b. HOUR
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in in	3. SI	X	4. RACE		S. DATE OF BIR		6. AGE (in year last birthday)		R IF UNDER 24 HRS.
4 N W		Famale	L	Ilita	3-2	6-188	8 2 lest birthday)	YRS. AONTHS DAY	YS HOURS MIN
Pours 2 Pours		SIRTHPLACE (State or foreign	76 CITIZEN OF W	VHAT COUNTRY?	8 MARRIED NEVER MARRI		UNTY OF DEATH		-1
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fille Pap	10. 0	ITY OR TOWN OF DEATH			STITUTION (If not in hospital	120 USUAL OCC	UPATION (Kind of work a	done 12b KIND	OF BUSINESS OR
ed withi	a	delohi m	7d. 3	120 Powde	mill Rel	during most of	working life, even if retir	red.) INDUSTRY	-)+
ed v	130	USUAL RESIDENCE (Where o	leceosed lived, if institu	ition Residence before	1.3	INSIDE CITY LIMITS?	13e STREET AND NUMBE	R	
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ond compared in any ev	14.	ATHER'S NAME First	Midd1e	Lost	15. MOTHER 5 MAII	DEN NAME First	Midd	lie	Lost
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sicio pleo	160	WAS DECEASED EVER IN U.S. es, no. or unknown) !" Ye	S/ARMED FORCES?	16b SOCIAL SECURITY I	NO. 17 INFORMANT	, /,	Addre	155	7
ertificate be physician c nen pleose oval, and in		770			Nosama.	my Wil:	5077 7100	124/01	2-1-10,115
s that the death certificate be executed within 2 cion. d by the attending physician and completely filled the strensit permit. Then please remove carbon part, cremotian, or removal, and in any event, within		18. CAUSE OF DEATH (End PART I DEATH WAS (ter only one couse per l	ine for (o), (b), and (ϵ).	4:1	1	./		OXIMATE INTERVAL IN ONSET AND DEATH
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equires physic signed buriol- burial,		lost.	(c)	Cenerce		DICLACE OR COURT	ON ONEW AN EAST AND		
		PART 2 OTHER SIGNIFICAN	TONDITIONS CONTRIB	UTING TO DEATH BUT NO	of related to the terminal I	DISEASE ORCONDII	ION GIVEN IN PART I(o)		
the low responsible of the low responsible to the second prior to	FICATION	190. DATE OF OPERATION	105 CONDITION FOR W	HICH OPERATION WAS PE		evo	20b. IF YES, WERE FINDI	NGS CONSIDEDED IN	CERTIEVING
ne k intten ios t so so i prii	3	170. DATE OF OFERATION	17D. CONDITION FOR W	HICH OFERRHOR WAS FE	YES T	NO [T]	CAUSES OF DEATH?	NGS CONSIDERED IN	CERTIFING
AN: The low real or ottending to the hos been for use as the Health prior to		21o. ACCIDENT WAS UNDE	I Rlying 21b. time (OF INILIRY			re of injury in Port 1 or Po	ort 2 Itam 181	
ficed for the far	MEDICAL	OR CONTRIBUTING CAUSE	OF DEATH HOUR A.M.	Month Doy Yeor		tand told	o or allow, all roll i or re	2, 110111 122,	
IYSICIA hospital certific ched fo	₩ ₩	(If either, notify medical a 21d. INJURY OCCURRED	21e. PLACE OF INJURY	AT HOME, FARM, STREET, FAC		nr R F.D. No.	City or Town	County	Stote
PHYSIC ne hospi this certi etached Dept. a		While Not while at work		OFFICE BUILDING, FTC.	,		,		
by the titler to be de	1	22a. I certify that	(this haspital) at	tended the decease	ed from 8 20	19 bit	to 2-16	. 19 July . the	at (D (we) last
NDI Sid b		saw the deceas	ed alive anZ	- 141	ed from 0 6 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	(aur) apinian	death accurred an th	ie date and hav	or and fram the
moy be retained RAL DIRECTOR: A poge 3 should be filed with the			bave ((did)	(dulmot) view the	bady after death.			00 0 177 0101170	
OR A OR A MIREC		22b. SIGNATURE	28 Trease	1 most	DEGREE PHYS	MED.	STAFF -	22c. DATE SIGNED	10
		22d. PHYSICIAN'S	or o wive	1117	DEGREE PHYS.	DIRECTO	PHYS.	16	100
RAI Pe		NAME (Type)	D. Barel	~ JU.D.	2513		Losgao RV.	. Holelah	DAN.
O HOSPITAL Page 4 moy O FUNERAL director, pog should be fil	230	BURIAL, CREMATION,	23b. DATE	23r NAME OF	CEMETERY OR CREMAZORY		LOCATION (City or Town)	(County)	(State)
Page 4 moy be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Health	P	REMOVAL (Specify)	2/19/67		ew Memorial			D 12	
· -		FUNERAL DIRECTOR	<u> </u>	ADDRESS	w Wemoria)	lso. REC'D BY REG	STRAR 25b. REGIST	RAR'S SIGNATURE	on N. J.
VR A15 (4) 30M REV 1/68	7	rancis Gas	chie Sone	Harattani 11	a Manual .	DATE FEB 2	6 1968 4	warren y	
	=			11 / 11 / 12 VI II	e, maryland				

MAKTLAND STATE DEPARTMENT OF HEALTH



	DIVISION OF VIT	MAKTLAND STATE DEPAI				
03965		AL RECORDS, 301 W. PRESTON CERTIFICATE (•	, MAKILAND ZIZUI	.36.	. 62
1 DECEASED-NAME	First	Middle Last		DATE OF DEATH		2b. HOUR
(Type or print)	CHARLES C	NICHOLSON	Fe	b. Month 3 Day	68 Year	10/254
3 SEX Male	4. RACE		OF BIRTH	6. AGE (In veors	F JNDER T YEAR MONTHS DAYS	IF JNDER 24 HRS.
	White		uly 21, 1889	78 " YRS.	IIIOII ORIS	HOURS MIN
7a BIRTHPLACE (State or country) Penn		WAKKIED WEACK	MARRIED 9. COUN	NTY OF DEATH		
30. CITY OR TOWN OF DE		WIDOWED I F HOSPITAL OR INSTITUTION (If not in hasp		rince Georges PATION (Kind of work done	Tal Wall of	Md.
Hyattsvill	e give strept	oddress) 5801 r Windy A	ve. dweteire	dking life, even if retired.)	INDL.STRY	Inst.'s
admission) STATE	Where deceased lived, it institution: I 13b COUNTY Prince Ge	esidence before 13c. CITY OR TOWN orges Ollege Par		13e STREET AND NUMBER 9534 Rhode Is	land a	ve,.
14. FATHER'S NAME	First Middle	Last IS. MOTHER	L'S MAIDEN NAME First	Middle		Lost
	John A Nicholson			Anderson		
Yes, no, or unknown)	If you man were as dates of connect	SOCIAL SECURITY NO 17 INFORMAN	T e E. Anderso	Address	D=t=	33.5
no			e E. Aliderso	n College		MATE INTERVAL
PART I. DEATH	ATH (Enter only one couse per line for I WAS CAUSED BY:	(a), (b), and (c).)	1 ,		SETWEEN C	ONSET AND DEATH
410.9	IMMEDIATE CAUSE (a)	tocales sofac	lega			
Conditions, if ony,	DUE TO, OR AS A (which gove)	terrely to carlin				
rise to immediate stating the underl	(a),((b) (c)	- Contract	way walk	•		
last.	(c)					
401	NIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	N GIVEN IN PART ì(a)		
190. DATE OF OPERAT	TION 196. CONDITION FOR WHICH O	PERATION WAS PERFORMED 20a.		20b. IF YES, WERE FINDINGS CO	NSIDERED IN C	ERTIFYING
HIE L			S NO G	CAUSES OF DEATH?		
	TICALISE OF DEATH HOUR A.M. MA	RY 21c. HOW INJURY	Y OCCURRED (Enter nature	of injury in Part 1 or Part 2, Its	em 18.)	
(If either, notify me	edical examiner) P.M.	19				
While I hat while	le C	BUILDING, ETC 211. LOCATION	Street ar R.F.D. Na.	City ar Town	County	Stote
I IUI WOLK OT WOLK		d the deceased from ATT.	1 10/ -7 +	0 F a // "? 10 /	' V shos	(I) (ma) last
saw the d	eceased alive an Felic	d the deceased fram Oct	(my) (aur) apinian de	eath accurred on the date	e and haur	and from the
causes sta	ited abave, (I) (we) (did) (did	pot) view the bady after death.				
		DEGREE PHY	ENDING A MED	STAFF C	ATE SIGNED	P
22b. SIGNATURE	11-1/11/11		S DIRECTOR	☐ PHYS. ☐ ☐	14/6	()
	11/11/11/11	/// 2/		,	1 1 / 40	
22b. SIGNATURE 22d. PHYSICIAN S ~ NAME (Type)	Dr R Deitz	22e.	ADDRESS o Geo Plaza	Hyattsvil	lle,	Md.
22d. PHYSICIAN S NAME (Type)	, 23b DATE	22e.	o Geo Plaza	Hyattsvil	le,	Md.
22d. PHYSICIAN S ~ NAME (Type)		22e. 3°r	ADDRESS O Geo Plaza PY 23d L	OCATION (City or Town) Imar Manor Pro	(County) Geo	



> /		10000			TATE DEPARTMEN				
		03066					E, MARYLAND 21201	.13	051
		em 5 Film G3	-, ,		TIFICATE OF D				I at traus
uneral ar death.		CEASED-NAME First ype or print) Dar	iel	Middle C.	Noldy	F	bruary 22, Doy	1968	26 HOUR 7:35am
offer death funeral es 1 and after death	3. SE	x Male	4 RACE White		5. DATE OF BIRTH	March 188	19 6 AGE (In years lost buthday)	FUNDER LYEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
haurs Fr. Poor		IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT	COUNTRY? 8. M	ARRIED 🔼 NEVER MARRIE		NTY OF DEATH		
et 02/2	cour		U.S.A.	W	DOWED DIVORCE	D P:	rince Georges		Md
within 2		iverdale	11 NAME grya stree LUS	of Hospital or Institut ene_Leland	ION (If not in hospitol Memorial	during most of v	PATION (Kind of work done vorking life, even if retired.)	12b KIND OF E	USINESS OR
cecuted within 2. campletely filled nave carban paping event, within 7	13a odm	uSUAL RESIDENCE (Where decedession) STATE	sed lived, if institution:	Residence before 13c	CITY OR TOWN 13d	NSIDE CITY LIMITS?	13e STREET AND NUMBER	Place	
and camp remaye in any eve	14.	ATHER'S NAME First	Middle	Lost	15. MOTHER 5 MA D		Middle	1 Lacc	Lost
be ex and e rem	1		rick Nold			lhelmia	Ranke		
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 age 4 may be retained by the haspital ar attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filledirector, page 3 should be detached far use as the burial-transit permit. Then please remave carban parshould be filled with the State Dept. af Health priar ta burial, cremation, ar removal, and in any event, within	160. ì	WAS DECEASED EVER IN JS AR	MED FORCES? 16	6 SOCIAL SECURITY NO. 79 034 2717	17 INFORMANT Medical	l Record	Address Granddaughter		
certii g ph Then mov		18. CAUSE OF DEATH (Enter o	nly one cause per line f	or (a), (b), and (c))				APPROXIM BETWEEN ON	ATE INTERVAL ISET AND DEATH
ndin ndin iit.		PART I DEATH WAS CAUSI	D BY: CAUSE (a)	erebrovasc	ular Acciden	nt		2 mo	5.
he death ce e attending I permit. The		14	DUE TO, OR AS A	CONSEQUENCE OF					*****
the the matin		Conditions, if ony, which gove rise to immediate couse (a),	(0)	en. Arteri	oscierosis			unkn	own
The law requires that tatending physician. has been signed by the se as the burial-transit the priar taburial, crema		stating the underlying couse	DUE TO, OR AS A	A CONSEQUENCE OF					
equire physic signec burial burial	1	PART 2. OTHER SIGNIFICANT CO) (c) INDITIONS CONTRIBUTING	G TO DEATH BUT NOT RE	LATED TO THE TERMINAL D	DISEASE OR CONDITI	ON GIVEN IN PART I(o)		
ng p sa si sa b ta b	_								
The law ratending attending has been see as the the priar to	CERTIFICATION	19a, DATE OF OPERATION 19b	. CONDITION FOR WHICH	OPERATION WAS PERFOR			20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CE	RTIFYING
The off	FE		110		YES 🗌	NO 🗷		101	
PHYSICIAM: 'e hospital ar his certificate stacked for us Dept. af Healt	MEDICAL C	270. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE (If either, notify medical exort	HOUR A.M. I	Month Doy Yeor		•	e of injury in Port 1 or Port 2,	Tem 18.)	
OR ATTENDING PHYSICIAL be retained by the haspital DIRECTOR: After this certifica pe 3 should be detached fail ed with the State Dept. af He	景	21d INJURY OCCURRED 21e While Not while	PLACE OF INJURY (AT OF		21f. LOCATION Street		City or Town	County	Stote
ING by the territories of the districtions of the distriction of the districtions of the districtions of the districtions of t	П	22a, I certify that (1) (t	nis haspital) attend	ded the deceased f	om 12 Jan	, 19 <u>_68</u> _,	ta_22 Feb, 19_	68 , that	(I) (we) last
HOSPITAL OR ATTENDING PHY age 4 may be retained by the h FUIERAL DIRECTOR: After this rector, page 3 shauld be defact hould be filed with the State Dep		saw the deceased causes stated abov	alive an 21 Fe e,(1)(we) (did) (di	id nat) view the bad	O_, and that in (my) after death.	(aur) apınian	ta 22 Feb. , 19 death accurred an the da	te and haur (ind tram the
ECTO S sho	L	22b SIGNATURE		/	ATTENDING		22c	-22-68	
L OR v be r DIRE		22d. PHYSICIAN'S	Jour	noun	DEGREE PHYS. 22e. ADDRE		R L PHYS. L 2	-22-00	
TO HOSPITAL Page 4 may TO FUIERAL I director, pag should be fill			J. Houmann		4400	O Queensi	oury Rd., Rive	rdale,	Md.
HOS Age 4 Fun Function	230	mentalities to the	DATE		TERY OR CREMATORY		LOCATION (City or Town)	(County)	(Stote)
5,5,2		Burial Fell	26, 1968	- Cedar Hi	11 Cemetery	So REC'D BY REGI	uitland Pro Ge STRAR 256 REGISTRARS	SIGNATURE.	d.
VR A15 (4) 30M REV 1/68	24.		n's Sons H	yattsville,	Nd.	DATE FEB 2	STRAR 1968 REGISTRARS	were you	2000



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	03067	-	301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMUKE, MAKTLAND 21201	0305
death.	1 DECEASED NAME First (Type or print) Harry	Middle E .	Ohlsen	2a. DATE OF DEATH Month 5 Day	2b. HOUR
offer he run ges 1 affer	3. SEX Male	4. RACE White	S DATE OF BIRTH 1/22/87	6. AGE (In years Start berthday) YRS.	IF UNDER 1 YEAR OF UNDER 24 HRS. MONTHS GAYS HOURS MIN
	7o. BIRTHPLACE (State or foreign country) New York	76 CITIZEN OF WHAT COUNTRY? USA	8. MARRIED X NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Prince Georges	Mo
within 7	IO CITY OR TOWN OF DEATH Riverdale	Engrelders Jelar	od Memorial Reti	AL OCCUPATION (Kind of work done ast at working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
cuted v	13a USUAL RESIDENCE (Where deceose admission) SIATE Maryland	ed lived, if institution: Residence before 13b COUNTY Prince Georges	Riverdale YES NO	MITS? 13e STREET AND NUMBER 5401 Riverdal	e Road
ema any	14. FATHER'S NAME First	Middle Last	IS MOTHER'S MAIDEN NAME F	irst Middle	Lost
be n ar	KKIK Harry	E. Ohlsen		ana	Beebe
trficate hysicial n pleas	Yes, no, or unknown) Yes (If yes give w	ED FORCES? If or dotes of service) 16b. SOCIAL SECURITY 227-44-18	NO 17 INFORMANT 369 Hospital Rec	Address ords	APPROXIMATE INTERVA.
The law requires that the death certificate be executed within 24 attending physician. has been signed by the attending physician and completely filled as as the burial-transit permit. Then please remave carbon paper h priar ta burial, cremation, or removal, and in any event, within 72	Conditions, if any, which gave rise to immediate cause (o), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CON	TE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	OT RELATED TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART I(a)	BETWEEN ONSE AND DEATH LACE PROCESS OF THE CONTROL
ictan: The law repital or attending pital or attending rifficate has been ad for use as the af Health priar to	210 ACCIDENT WAS UNDERLYIN	G 216 TIME OF INJURY	YES NO 🔽	CAUSES OF DEATH?	
SICIAN spital ertifica ertifica ned far	OR CONTRIBUTING CAUSE OF BEAT (If either, notify medical examined 21d. INJURY OCCURRED 21e.	HOUR A.M. Month Doy Year P.M. 1	9		County State
JING PHYS by the hosy offer this ce be detache State Dept.	While Nat white		CTORY.) 21f. LOCATION Street or R.F.D No		,
TO HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the hospital or after to FUNERAL DIRECTOR: After this certificate has director, page 3 shoull be detached for use a should be filed with the State Dept. of Health pr	saw the deceased all causes stated abave	ive an Fig. (did) (did not) view the	ed from 7200 21, 194 1942, and that in (my) (our) o pi bady after death.	nian death accurred an the da	te and haur and fram the
D HOSPITAL OR ATTENION Page 4 may be retained by FUNERAL DIRECTOR: A director, page 3 should should be filed with the	22b SIGNATURE	Malin		NED. STAFF 22t [DATE SIGNED 2-5-68
O HOSPITAL Page 4 may O FUNERAL I director, pag shauld be fill	22d. PHYSICIAN'S NAME (Type)	-W Malin	MD, 22e ADDRESS	werdall, n	en e
TO HO. Page of Function of the contract of the		8, 1968 Ft Line	cemetery or crematory	Colmar Manor Pro	
VR A15 (4)	24 FUNERAL DIRECTOR F. Gas	ADDRESS ash's Sons Hyatta	sville, Md. DANFEB	y registrar 2sb. registrar's	SIGNATURE

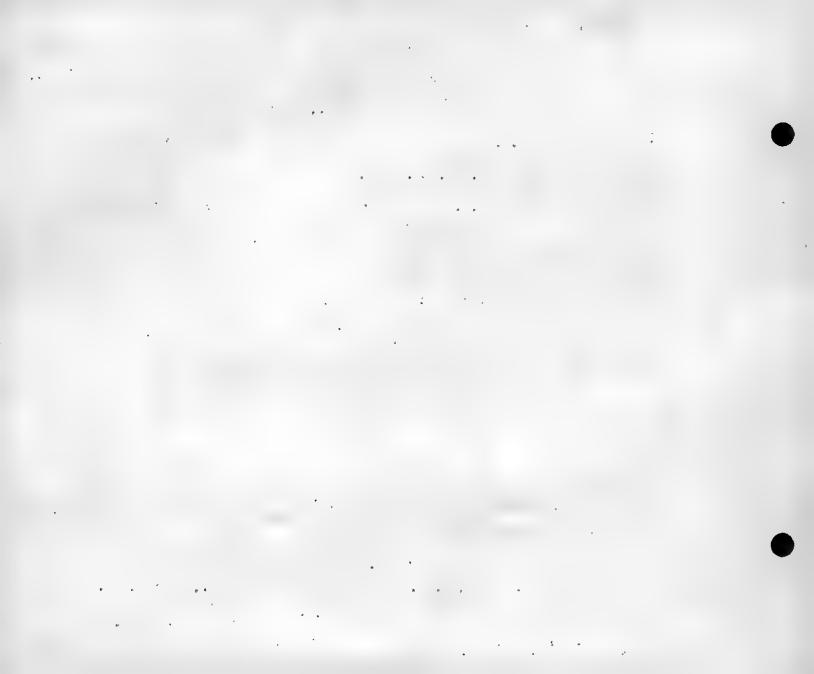
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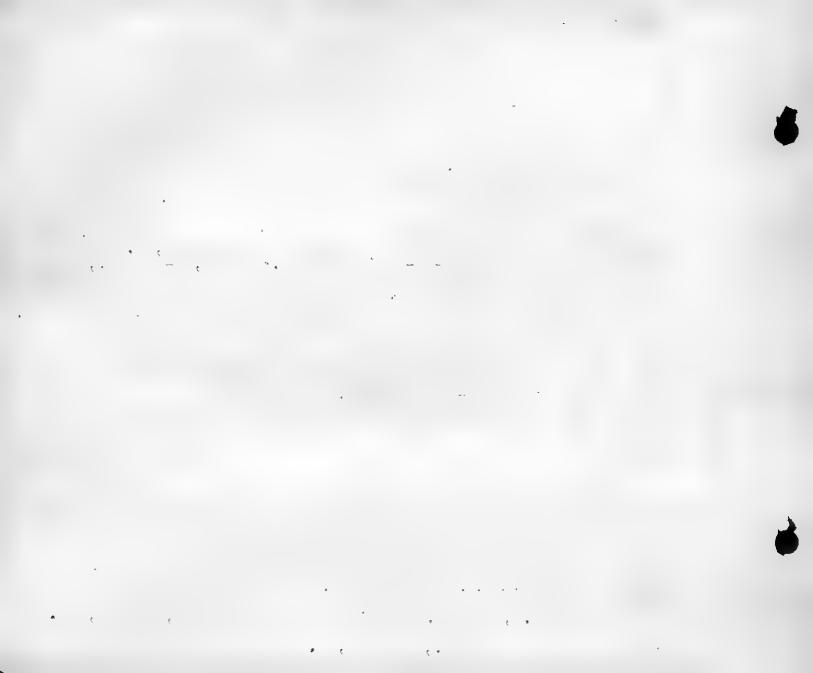
MARYLAND STATE DEPARTMENT OF HEALTH

P. Committee of the com

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		63976	DIVISION OF VITAL REC			TIMORE, MARYLAND 2120	1
		0.0000		CERTIFI	CATE OF DEATH		03055
_2±		CEASED-NAME Firs	t Middl	e	Lost	2a. DATE OF DEATH	2b. HOUR
funeral 1 and 2	l t	ype or print)	aby Bo	p.	ratt	Month Feb	5 68 5.10A
	3. 51		4 RACE		S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
urs afte by he fu aurs after		Male	Whte		Fbe. 4 1968	last birthdoy)	YRS. DAYS HOURS MIN.
\$ 100 m	7o. l	SIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF DEATH	1= 1
led Timby led Timby No 72 haurs	cour	Maryland	U.S.AM	WIDOWED	The state of the same of the s	Prince Cearge	a Md.
in 24 bo	10. 0	ITY OR TOWN OF DEATH	11 NAME OF HOSPITA	AL OR INSTITUTION (IF	not in hospital 120 US	Prince Georges UAL OCCUPATION (Kind of work de	one 126 KIND OF BUSINESS OR
requires that the death certificate be executed within g physician. signed by the attending physician and campletely fill a burial-transit permit. Then please remave carban poburial, crematian, ar remaval, and in any event, within		everly	give street address)	en. Hosp.	during r	most of working life, even if retire	ed) INDUSTRY
d w arb	13a	LISTAL RESIDENCE (Where deced	osed lived, if institution: Residence	before 13c ClTY O	TOWN 13d. INSIDE CITY	LIMITS? 13e. STREET AND NUMBER	2
mp we come	adm	ssion) STATE	13b. COUNTY		YES	610 Main	T transfer
xec may	14.	ATHER S NAME FIRST	Middle	Last /	S. MOTHER S MAIDEN NAME		
and and in o			1/	4			
that the death certificate be executed vian. by the attending physician and camplet fransit permit. Then please remave cart cremation, ar remaval, and in any event,	160	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SI	CURITY NO. 117.	Patricia A	nn Deutsch Addres	22
fica ysic al, o	Y	es, na, ar unknawn) (/ yas give	wor ar dates at service)				
certi ph hen nav	F	10 CAUSE OF DEATH (Cotor of	inly one couse per line for (o), (b),	and (e))			APPROXIMATE INTERVAL
# i=		PART DEATH WAS CAUS	ED BY.	* * * *	- 12:00	· · · · ·	BETWEEN ONSET AND DEATH
dea tren trani		MMED .	DUE TO, OR AS A CONSEQUE	onary	ment in	ency an	
tion		f Conditions, if any, which gave			1- 1-	0 11 0/ 11 201	
at . Th. Institute		rise to immediate cause (a),	(b) A Cap x	2424	aures	Synorom-	
equires that the physician. signed by the c burial-transit p		stating the underlying cause	DUE TO, OK AS A CONSEQUE	INCE OF			
equires physici signed burial-1 burial-1			ONDITIONS CONTRIBUTING TO DEATH	I DIT NOT DELATED 1	O THE TERMINAL DISCASE OF	CONDITION CIVEN IN PART 1/a)	
g pla		Y Y	THE CHILDREN CONTROLLING TO DEATH	DOL NOT KETALED I	O THE TERMINAL DISEASE OF	CONDITION GIVEN IN TAKE 1(0)	
	No	19g. DATE OF OPERATION 19b	. CONDITION FOR WHICH OPERATION	I WAS DEDECTIONED	20o. AUTOPSY?	, JOUP 1E AEC MEDE EINDIN	IGS CONSIDERED IN CERTIFYING
The law attendin has beer se as th	Ξ	THE DATE OF DECEMBER 175	. CONDITION TOK WINCH OF EXALION	WAS FERI ORNIED	YES NO	CALINES OF DEATING	IOS CONSIDERED IN CERTIF THO
G PHYSICIAN: The fine haspital ar at this certificate hadetached far use the Dept. af Health	CERTIFICAT	210. ACCIDENT WAS UNDERLY	ING 215 TIME OF INJURY	121c k		 ter noture of injury in Port 1 or Pai	et 2. Itam 18 \
PHYSICIAN: e haspital ar his certificate stached far u Dept. af Heal		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. Manth Day		OH HADKI OCCURRED (EIII	er noture of injury in Port 1 of Po	11 Z, 11em 10.)
SIC Spit spit ertif ed	MEDICAL	(If either, natify medical exort 21d. INJURY OCCURRED 21d	niner) P.M.	19	OCATION CO DED N	P14 9	Caunty State
ha h		While Not while of work	B. PLACE OF INJURY (AT HOME, FARM, OFFICE BUILDING	ETC ZIF	UCATION Street of K.F.D. N	a. City ar Town	Caunty State
DING PHYS by the has (ffer this ce be detache State Dept.		of work of work	Acceptable to the latest	1	T. Ch-7 4 104	ax to bally	, 19 68, that (1) (West last
OR ATTENDING De retained by the INECTOR: After of 3 should be ded with the State		saw the deceased	dive on	eceasea from	d that in troy (worker	ninion death occurred on the	, 19 , that (1) (Way last e dote ond hour ond from the
TEN TEN TEN THE	1	couses stated abov	re, (I) fine) (did) (didknost) vie	w the bady after	death.		c doic one noor one nom me
A P S S S S S S S S S S S S S S S S S S		22b. SIGNATURE				MED CTAFF	22c DATE SIGNED
may be retained RAL DIRECTOR: A page 3 should be filed with the		ITA	K (Zuell	DEG	REE PHYS.	MED. STAFF DIRECTOR PHYS.	2/5/68
AL CO		22d. PHYSTTIANS NAME (Lype) Joh		_	22e. ADDRESS		
d be		Mame Lype Joh	n R. Buell, M.	D.	8116 Gorm	an Ave., Laurel	, Md.
O HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. af Healt	23a			AME OF CEMETERY OF	CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
5등 5 골 속 🎖		4			SE'S GENERAL	CHEVERLY, MAR	
VR A15 (4)	24.	FUNE MAPRECTOR W. PHI	NN JR. ADMINIS	TRATOR	HOSPITEAD	BY_REGISTRAR . 256. REGISTI	RAR'S SIGNATURE
30M REV. 1/68	1	Herry (1)	Kan-1/2		DATE	red 13 Pos	\$



1 1		MARYLAND STATE DEPARTMENT OF HEALTH	
		03071 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	,d454
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		ECEASED-NAME First Middle East 20. DATE KNOWN A Month Di	oy Year 2b. HOUR
of A Sec.	1	Type or Print) Mary LESSIE Proctor DEATH MATED 2-5-6	8 192:15pm
delay Iment	3 5	EX 4 RACE S DATE OF BIRTH 6 AGE (1 years F LNDER 1 YEAR 1F JNDER 24 HRS 20 DATE PRONOUNCED DEAD	2d. HOUR
t de	Fe	emale Negro 2-5-1903 65 YRS HOURS MIN Month Day	Vegr 6819 2:1150mM
Pari P	70	B-RTHP-ACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? IR MARRIED TIMEYER MARRIED 19 COUNTY OF DEATH	OON Z.H. JOHN
State D	coun	- Extra	86.
E 8 4 8	10 ("Maryland USA WIDOWED Prince George's TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12e USUAL OCCUPATION (Kind of work done 12	th KIND OF BUSINESS OR
		g ve street address) during most at the during most	DUSTRY
fer de Give ang w	120	Cheverly Prince George Hospital 134 MSDE CITY LIMITS? 136 STREET AND NUMBER 136 MSDE CITY LIMITS? 136 STREET AND NUMBER	
after alor with with eath		10. COLDET	
urs 1 18 ce u	-		
d within 24 hours after dein pencil in Item 18. Give P Examiner's Office along with File pages 1 and 2 with the n 72 hours after death.	14, 1	ATHER'S NAME First Middle Last 15, MOTHER'S MAIDEN NAME First Middle	Last
24 in I in I is t		George Swann Bertha	Swann
hin 24 nal in niner's pages haurs	16a. /Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECUR TY NO. 17. INFORMANT Indian HeadorMid.	
vitt per cam cam le p		No 220-16-9051 Edward L. Proctor #9-6th St.	
		IB CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: LOST FOR THE CONTROL OF T	APPROXIMATE INTERVAL BETWEEN ONSET AND CEATH
rith with		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure	
Mer pe		DUE TO, OR AS A CONSEQUENCE OF Hypertensive cardio vascular disease	over 3 mo.
pe 'pe 'ief ief nsit		Canditions, if any, which gave	
무용도 유		rise to immediate cause (a). (DUE TO, DR AS A CONSEQUENCE OF	
wo wo the the		lost	
INER: This certificate should be executed within 24 hours after death be certificate, writing the word "pending" in pencil in Item 18. Give Pages I should be farwarded to the Chief Medical Examiner's Office along with famfiles. 3 should be used as a burial-transit permit. File pages I and 2 with the State Diation, or remayar and in any event within 72 hours after death.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ng ng Jed Jed ar		Diabetes mellitus - over 3 months.	
rtif var var	NOI	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
fary we was	A S	WAS PERFORMED?	AEZ NO 🗠
MINER: This of the certificate, 4 shauld be far ifles. e 3 shauld be u e 3 shauld be u e matian, ar rem	CERTIFICATION	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	
in de la	AL C	PRIMARY OR CONTRIBUTING HOUR A.M.	10)
NER Cel Thau sho	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street 21f LOCATION Street or R.F.D. No. City or Town	C
MIII the the service 3 cmg	2.	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street 21f LOCATION Street at R.F.D. No. City or Town factory, office building, etc.)	Caunty Stote
CAL EXAMINER: execute the certion. Page 4 shauld far yaur files. CTOR: Page 3 shauburial, crematian,		AT WORK LI AT WORK LI	
rial,		22a 🕽 certify that I took charge of the remains described above, held an Autapsy 🔲, Inspection 😿, Inquiry 🔀	and in my apintan
d rectar, d rectar, etained DIRECTO		death resulted fram: Natural souses 🔀 Accid nt 🔲, Suicide 🔲, Homicide 🔲, Undetermined monner 🗔	
please d rect retaine retaine ar ta h		CHIEF MEDICAL EXAMINER	
riar riar		ACTUAL SIGNATURE AND ASSISTANT MEDICAL EXAMINER 226. DATE SIG	NED
OUT Out P be			2-6-68
DEP ress fundy alfth		NAME (Type) John Kehoe, M.D. Riverdale, Md. ADDRESS(Street, city town or county)	
TO DEPUTY SICAL EXAMINER: This certificate should be executed with necessary, please execute the certificate, writing the word "pending" in perthe funeral director. Page 4 should be farwarded to the Chief Medical Exam 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File of Funeral Directors and in any event within 72.	23a	BUR AL CREMATION / 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (C	aunty) (State)
Tary -	Ŧ	Burial / Feb. 9.1968 St. Joseph's Pomfret, Charles	
W. T	24.	FUNERAL DIRECTOR ADDRESS 250 REC D BY REG STRAR 256. REGISTRAR 5 G	
VR A) 5ME (5)	۸.	rehart Funeral Home Inc., La Plata, Md. DATE Fine	#1
10M REV 1 68	A)	Tenare runeral nome tite. ite reconstruction	1. 1.



MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH 93074 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03653 CERTIFICATE OF DEATH Middle Last 20 DATE OF DEATH 2b HOUR DECEASED NAME First hours after death. (Type or print) William Purdy Feb. A. SE SINDER 1 YEAR 4. RACE 5 DATE OF BIRTH 6. AGE (In years OF JINDER 24 HRS 3. SEX last birthday) DAYS HOURS 1890 Male White Aug. 7th. 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED T NEVER MARRIED country) Maryland Pr. Geo'S. USA DIVORCED | WIDOWED XXX 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH during mast of working life, even if refired DC give street oddress) 7402- Kenova Street NDUSTRY Transit District Heights 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? or removol, and in ony event, PHYSICIAN: The law requires that the death certificate be executed odm.ssion) STATE Maryland 3b. COUNTY Pr. Geo S Dist. Highsts No XX Kenova St. 15. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Last First Wells Josephine Purdy William 2.5 Same 16b. SOCIAL SECURITY NO 17 INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Dau. Yes, na. or unknown) Bernice J. Dulaney 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) signed by the attendir buriol-transit permit. buriol, cremotion, Conditions, if any, which gave) Coronaku rise to immediate cause (a), Poge 4 may be retained by the hospital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CEREBRAL as the THROMBOSIS O FUNERAL DIRICTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? но 🔀 YES [216, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Manth Day Yeor (If either, natify medical examiner) 216. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street of R.F.D. No. City or Town County 21d INJURY OCCURRED While Not while 2. 23, 19 68, that (H) (we) last 1960L. ta saw the deceased alive an File. causes stated abave, (1) (200) (did) (did at) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR Oriel 2. 23 68. DEGREE 22d. PHYSIC.AN'S 22e. ADDRESS NAME (Type) WASHINGTON D PENNSYL VANIA director, 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (Stote) (County) 23a BURIAL, CREMATION 23b. DATE Suitland, Maryland. 26.68. Cedar Hill Cemetery 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Wash VR A15 (4) 30M REV 1/68 Bros. 1661-Gd. Hope Rd. SE. DC



MAKYLAND STATE DEPAKEMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 .. 305 1 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAMI First Middle 2a DATE KNOWN 25 HOUR (Type or Print) EST George Rafferty Morrison DEATH MATED TX 195:00 m. M delay 3 SEX 4. RACE AGE (In years IF JNDER 24 HRS S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d HOUR Manth 68 19 5: 15pm M 65 Thite Malle. 23 Sept. YRS 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED [DIVORCED [U.S.A. Pennsylvania Prince George! GIVEPeges 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) give street address) INDUSTRY Brince George Hostital Cheverly 13d. NSIDE CITY LIMITS? 13a LSUA, RESIDENCE (Where deceased lived, if institut an Residence hefare 13c, CITY OR TOWN 13e STREET AND NUMBER XIIX Office al Philadelphia YES NO M 5900 Harley Dr. after puo 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME Last Last Rafferty Louise Monroe hours John poges 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? pencil 16h SOCIAL SECURITY NO 17 INFORMANT Fairless Hills ADDRESS (Yes, na. or unknown) (It yes give war as dates of service) Mrs. Louise Meehan-168 Lincoln Hwy. E APPROX MATE INTERVA within executed 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. Chief Medical BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMIDIATE CALSE (a) Heart failure rinutes event DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease over burial-transit Canditions, if any, which gave rise to immediate cause (a). any This certificate shaul writing the word DUE TO, OR AS A CONSEQUENCE OF the ! stating the underlying cause .= forwarded to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removal 19a, DATE OF OPERATION 195 COND I ON FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate, YES 🗀 NO.K. pe should be 21g EXTERNAL CAUSE WAS Ö 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of mility in Part 1 or Part 2, Item 18) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. ¥ cremotion, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R.F.D. Na City or Town Caunty State factory, affice building, etc.) AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy ... Inspection [30]. Inquiry X and in my opinion director death resulted from Notutal causes and Accident Surcide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b, DATE SIGNED ASS STANT MED CAL EXAMINER funerof SIGNATURE DEPUTY MED CAL EXAMINER TY 2-20-68 **EXAMINER'S** NAME (Type) ADDRESS(Street, city, tawn, ar county) rince George Co. John Kehoe AD Riverdale. 230 BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23h DATE 23d. LOCATION (City or Town) (County) REMOVAL (Specify) -22-1967 Philadelphia Nemorial Pk. Philadelphia, Pa. Removal WISC. Ave. II. W250 RICD BY REGISTRAR 2Sb REG STRAR S SIGNATURE s Sonsa Inc.

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OR ATTENIOR DIRECTOR: A Shauld ed with the		22a. I certify that (I) (the saw the deceased causes stated above	e, (j) (we) (did) (did	not) view the b	ady after death.) (aur) apinior	n dearn accurred	on the dat	e and hour a	nd from the
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MARTLAND STATE DEPARTMENT OF HEALTH



-	MARYLAND STATE DEPARTMENT OF HEALTH
* A	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH
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shys	Yes, no of unknown) (If yes give war or dates of service) NONE WILLIAM F. CORNWELL EDGEWATER MD.
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ING PHYSICIAN: by the hospital or fter this certificate de defacthed to State Dept. af Heal	
G PHY the hy this defact te Dep	While Not while of wark OFFICE BUILDING, ETC.
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OR ATTENDING De retained by the HRECTOR: After in Shauld be de 3 shauld be de de with the State	22k_SIGNATURE 22c, DATE SIGNED /
od w	Marles C. Hangage & DEGREE PHYS. DIRECTOR - STAFF - 2/19/68
AL OR OR DE DIRECTION OF DE PROGE FILLED	22d PHYSICIAN'S 22e, ADDRESS
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Fige 1	230 BURIAL (REMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. 10CATION (City or Town) (County) (State)
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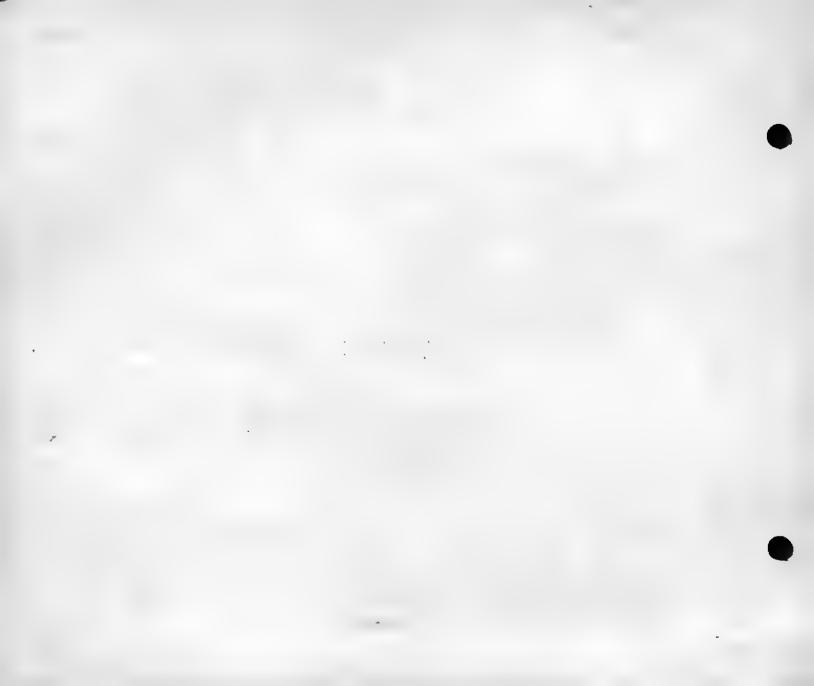


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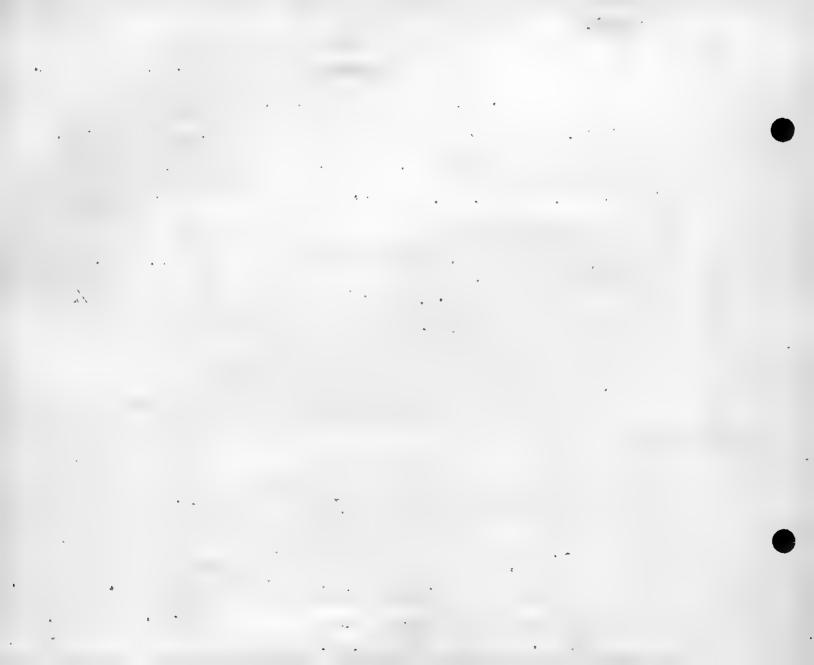
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03040 .366. CERTIFICATE OF DEATH déath The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) o. COUNTY o. STATE b. COUNTY Prince Georges MARYLAND b CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town)
Glenn Dale (rural) c. LENGTH OF STAY IN 16 (CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 7 mos 2 wks Washington, D.C. illed in papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE within 72 ON A FARM? Glenn Dale Hospital 5009 D St. S.E. NO St NAME OF carban Lost 4 DATE Month Year campletely DECEASED (Type or pant) Richardson 24 and in any event, Abraham 19 68 DEATH 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS [gst birthdoy] Hours 5/8/1903 WIDOWED X DIVORCED 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
COOK 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & Stote, or foreign country) INDUSTRY Unknown Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, William Richardson Mary Williams 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or gotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 579-01-5515 Decedent cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p with mitastases PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) use to immediate cause (o), DUE TO as the stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PARTAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 200 ACC, DENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18. OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc TIME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or town) 20f (County) (Stote) Hour 'a.m. Not While factory, street, office bldg., etc) of work ot work 19 68 that X) (we) last 2/24 21. I certify that XI) (this haspital) attended the deceased from 1967 to 19<u>68</u>, and that death accurred at 8:40M, fram couses and on the date stoted obove FUNERAL DIRECTOR: saw the deceased alive an_ 22o. SIGNATURE 22b DATE SIGNED ATTENDING 2/24/68 directar, page 3 should be filed v X DIRECTOR PHYS Glenn Dale Hospital 22d ADDRESS 22c. PHYSICIAN'S Moe Weiss, M.D. NAME (Type) Glenn Dale, Maryland 23 BURIAR, CREMATION 235. DATE THEREOF REMOVAL (Specify) 2 2Sb. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 , 3115h CERTIFICATE OF DEATH DECEASED-NAME M.ddle Last First 2o. DATE OF DEATH 2b. HOUR 24-travr≡ after death. by the funeral Pages 1 and death (Type or print) Feb Manth 29 Day 968 eor 12:30 Mary Rogers IF UNDER THE HES 3. SEX 4. RACE 5. DATE OF BIRTH hours after 6. AGE (In years IF UNDER 1 YEAR last_birthday) HOURS MONTHS White Dec. 31. 1892 Female 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED [7] NEVER MARRIED [7] country) en please remave carban papers. USA. burial, crematian, ar removal, and in any event, within 72 Arkansas WIDOWED X DIVORCED [Prince Georges County and campletely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 125. KIND OF BUSINESS OR The law requires that the death certificate be executed within Magnolia Gardens Nursing during most of working life, even if retired)
Practical Nurse INDUSTRY Lanham Hospital 13o. USJAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMATS? 13e STREET AND NUMBER 13b. COUNTY admission) STATE YES 💂 NO [Hvattsvill 6707 Eldridge Street Geo. 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost John N Cook Virginia Carlos 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b SOCIAL SECURITY NO. Address Yes, na, ar unknawn) [(it yes give wor or dotes of service) livattsville, Md. 579 26 4837 Mary V Garrity 110 APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: burial-transit permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate cause (o), this certificate has been signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached for use as the State Dept. of Health prior to 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES I NO [21 a. ACCIDENT WÁS ÜNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR ATTENDING PHYSICIAN: OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Manth Day Year If either, natify medical examiner) PM (AT HOME, FARM, STREET, FACTORY.) 214 LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while ot work 22a. I certify that (I) (this hospital) attended the decorporated of the decorporated FUNERAL DIRECTOR: After ed with the couses stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING DEGREE director, page should be filed PHYS DIRECTOR PHYS 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify) Burial Colmar Manor Pro Geo Md. 0 968 Ft Lincoln Cemetery 24. FUNERAL DIRECTOR **ADDRESS** 250. RECD BY REGISTRAR F. Gasch's Sons Hyattsville, Md.

DATE

30M REV. 1/68



Montes, Town	33283 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	. 3150
HEALTH DEPT.	1. DECEASED NAME First Middle Lost 20 DATE KNOWNE Month D OF ESTI- Lario Angelo XXXXXX Ruzza DEATH MATED 2-29-	oy Yeor 2b HOUR
E 18 2	Fario Angelo XXXXX Ruzza DEATH MATED 2-29-	- 68 194:05pmm
deloy mag bod trient	3 SEX 4. RACE S DATE OF BIRTH 6. AGE (in years F JADER 1 YEAR F JADER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
P. de	r.ale	68 194:05pm M
The second second	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED ☑ NEVER MARRIED ☐ 9. COUNTY OF DEATH	
e D	Country New York USA WIDOWED DIVORCED Prince George's	Md
orth age th f	10. CTY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 17	26 KIND OF BUSINESS OR
the Present 14	Gheverly Give street oddress) Cheverly Prince George Hospital Forman Painting	Retail
Given the state of	1 120 GONY KENDENCE INCREASE DECEDED HAND IN HOLDER	
2 wi	odmission) State vland Prince George Capitol Heights YES 18 NO 813 49th. Aver	nue
em em office of the condition of the con	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
24 } 24 } % S O S S O S S O S S O S O S O S O S O	Mario Ruzza Iaura Guerrini	
I within 24 haurs ofter deathy delay is n p_mail in Item 18. Give Pages 1.2, and 3. Examiner's Office along with farm PM3 Rage. File pages I and 2 with the State Department of 72 hours ofter death.	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, p.p. or unknown) (Hyes give war or dates of service)	
with pen cam cam	(Yes, pe or unknown) (If yes give war or dates of service) Marie Ruzza Wife, Same As # 13	
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (t).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
cutte dica	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Laceration of brain	
exe Me Me	DUE TO, OR AS A CONSEQUENCE OF	
"pe "pe amsi	Conditions, if ony, which gove) (b) skull fracture	
ord e Cl al-tr	storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
sho w th original	lost (c) Trauma	
necessory, please execute the certificate writing the word "pending" in pancil in Item 18. Give Pages I the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office along with farm 5 may be retained for your files. To Funeral Director. Page 3 should be used as a buriol-transit permit. File pages I and 2 with the State De Health prior to buriol, cremation, or removal, and in any event within 72 hours offer death.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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verit verit revo	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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rent cent cent cent could be so the short from them.		
MINE CHAPTER STORY THE CHAPTER		County State
LICAL EXAMINER: Be execute the cert ctor. Page 4 should red for your files. ECTOR: Page 3 shou buriol, cremation,	AT WORK AT WORK Clant For a relicuse In tham, Prince C	
riol,	22a. I certify that I taak charge of the remains described abave, held an Autopsy 🔀, Inspection 🔯, Inquiry 🔯,	
oleose es director. etained OIRECTO pur to burn	death resulted from. Natural squises [], Accide [], Suicide [], Hamicide [], Undetermined manner []
leos direct rain DIRI	CHIEF MEDICAL EXAMINER	
At i At i	ACTUAL SIGNATURE	
ssory, p funeral ay be re INERAL	EXAMINER'S DEPUTY MEDICAL EXAMINER \(\time{\mathbb{X}}\) \(\frac{3-2-}{2}\)	68
TO DEPUTY necessory, the funera S may be TO FUNERA!	NAME (Type) John Mchoe M.D., Riverdale, Mary land ADDRESS(Street, city, town, or county)	
5 = + N 5 = V	230 BURIA, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) (C	County) (State)
N	Burial System 3/5/68 Cedar Hill Cemetery Suitland, Prince	Georges, Md.
VRAISME	24 FUNERAL DIRECTOR Robert E. Wilhelm Funeral'S Home 4308 Suitland Road. Suitland. Maryland Apply SS Home Date MAR 5 1968	MATURE CHARA
10M REV 1/64	4308 Suitland Road, Suitland, Maryland DAR 5 1968	10

MARTLAND STATE DEPARTMENT OF HEALTH







			MARYLAND STATE DEPARTMENT OF HEALTH	
No	1		03086 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	(A 12 (A 10)
CX	·		CERTIFICATE OF DEATH	03072
	÷ 1300	1. DI	ECEASED-NAME FirstMiddle Lost . , 20. DATE OF DEATH , (/	2b. HOUR
	deoth deoth	(1	Type or print) John Duncan Smith Pebruary Day 6	12 5 M
		3. SE		NDER I YEAR IF UNDER 24 HRS
	y the fu Pages, T urs after		Male White Oct. 19, 1881 86 YRS. MONTH	THS DAYS HOURS M.N.
	24 hours	7a. f	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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	within poly	. ,	Querran most of working life even of retread)	26. KIND OF BUSINESS OR NDUSTRY
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	compose //	╚	ma france Board Belleville, will 7012 WILCOM	
	law requires that the death certificate be executed within nding physicion. been signed by the ottending physicion and completely fill sheen signed by the ottending physicion and completely fill she burial-transit permit. Then please remove carbon prior to burial, cremation, or removal, and in ony event, within the burial, cremation, or removal, and in ony event, within	14 F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Smith	nc Cloud
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	rtific phys an p	Ľ	es, no, or unknown) (11 yes give war or doles of service) 220 07 1720 Ethel P. Smith Beltaville.	APPROX.MATE INTERVAL
	squires that the death certiff physicion. signed by the attending phy burial-transit permit. Then burial, cremation, or remova		1B. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c))	BETWEEN ONSET AND DEATH
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	O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 moy be retained by the hospital or O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far u should be filed with the State Dept. of Heal	₹	2 d INJURY OCCURRED While Not while of work Not	ounty State
	by the	П	220. I certify that (1) (this hospital) attended the deceased from	that (I) (we) last
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	TO HE THE TO THE	П	22c, DATE	SIGNED
	O HOSPITAL OR ATTENIE Page 4 moy be retained of FUNERAL DIRECTOR: A director, page 3 should should be filed with the	П	DEGREE PHYS. DEGREE PHYS. DIRECTOR PHYS. D	1861
	AI DO		22d. PHYSICIAN'S 22e. ADDRESS	
	ERA de be		NAME (Type) Aaron Deitz, M.D. Prince George Plaza Hyatts	ville, Md.
	Poge 4 moy To FUNERAL I director, pog should be fill	230	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR TRANSPORT - 23d. LOCATION (City or Town) (Co	ounty) (Stote)
	55 5 g g g			G. Md.
	VR A15 (4) 30M REV, 1/68		FUNERAL DIRECTOR ADDRESS - 250, REC'D BY REGISTRAR 250, REC'D BY REC'D BY REGISTRAR 250, REC'D BY R	ATURE
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€ 43±		ECEASED NAME First ype or print)		Middle		Lost		OATE OF DEATH	- Day	Year	2b. HOUR
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s offer full	3. 51	Female	4. RACE	White	2	DATE OF BIRTH	2-	6 AGE (In ye	ors y) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.
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AN: or u deal		21g. ACCIDENT WAS UNDERLYIN OR CONTRIBLTING TO CAUSE OF CEAT		OF INJURY	21c. HOW	INJURY OCCURRED (En	nter noture	of injury in Port 1 or	Part 2, Ite	em 18.)	
Pitch of the state of the state	MEDICAL	(If either, notify medical exami	ner) [1200)			Fell					
DING PHYSICIA I by the hospito After this certific I be detoched for Stote Dept. of h	W		PLACE OF INJUR	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY,) 21f. LOCAT	TION Street or R.F.D. I	No.	City or Town		County	State
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Aff db		22a. I certify that (I) (the saw the deceased a	live an	tel-	19 🚣 🎉 and tl	hat in (my) (o ur) o	pinion d	eath accurred an	the dot	e ond haur a	nd fram the
Poine Sine		couses stated above	3, (I) (we) (di	d) (did not view the	body ofter dec	oth.	<u> </u>				
OR A DIRECT SINGLE SING		22b. SIGNATURE	11/2			ATTENDING ATTENDING	MED DIRECTOR	STAFF PHYS.	22c D	ATE SIGNED	10
	1	22d. PATYSHCTAN'S	119		DEGREE	PHYS. 4			-24	Jeh-	68
TO HOSPITAL OR ATTENDING PHYSICIAN: The Poge 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt	L	NAME (Type) Rober	t Deitz	, M.D.		Prince G		's Plaza,		tsville	e, Md.
HO Sge FUN Fun Trent	230	BURIAL, CREMATION, 23b.			CEMETERY OR CRI			LOCATION (City or Tow		(County)	(Stote)
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VR A15 (4) 30M REV. 1/68		FUNERAL DIRECTOR	25 10	ADDRESS			BY REGIST			IGNATURE	



. 1	MARYLAND STATE JEPARIMENT OF HEALTH	
(2.1)	33388 DIVISION OF VITAL RECORDS, 301 W. RESTON STREET, BALTIMORE, MARYLAND 21201	201174
FOR STATE # /	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1 DECEASED NAME First Middle Last 2a DATE KNOWNED Month B (Type or Print) OF ESTI-	
to to of	Eugene C. Spangler DEATH MATED \(\sum 2-23-\)	
delay and 3 M3.60 Tmen	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 2c DATE PRONOUNCED DEAD lost biorholder) MONTHS DAYS HOURS MIN Months	2d HOUR
del del	Male White 9-24-1926 41 YRS 23	68 19 1:10am
La Caracteria Caracter	70. BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
is 1	Country) Virginia USA WIDOWED DIVORCED Prince George's	Me
ofter deoth 8 Give Poges 1, along with form with the State Dieoth	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hasp-tol desired) 12a USUAL OCCUPATION (Kind of work done 15	ID KIND OF BUSINESS OR
de de Me P	Cheverly Prince George's Hospital dylamond and a single of the street oddress)	Wot Snoppes
s ofter 18 Give along with death	13g USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
2 w dee	or Mary Tand Montgomery Silver Spring YES NO 516 Stonington	Road
hours ofter death ltem 18 Give Page Office along with 1 and 2 with the Star after death	14 FATHER'S NAME First Middle Last 15, MOTHER'S MAIDEN NAME First Middle	Lost
24 P	Earl Henry Spangler Maude	Snead
hin 24 nod in niner's poges hours	16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIA. SECURITY NO 17. INFORMANT SILVET Spring, ADDRESS MATY (Yes, no, or unknown) (If yes give war or dories of service) 237, 141, 6100	
be executed within "pending" in pencil hief Medical Examine ansit permit. File pog event within 72 hou	(Yes, no, or unknown) (If yes give wor or dotes of service) 231-14-6190 Boris Rita Spangler 516-Ston:	
be executed with pending" in pending in pending in pending Examite Medical Examitity file and within 72 event within 72	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed nding" if Medical I permit.	PART I DEATH WAS CAUSED BY: Laceration of brain	
Me Me t pe	DUE TO, OR AS A CONSEQUENCE OF Fracture of SKULL	
be "pe "pe insi	Conditions, if any, which gave anse to immediate cause (a), (b)	
ord ord lift any	stoting the underlying couse (DUE TO, OR AS A CONSEQUENCE OF	
should be e ne word "per o the Chief I burial-transit	lost. (c)	
nd o the table	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
fira fing rdev as		
certifi writi orwon used imoval	196 DATE OF OPERATION 196 COND TON FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
ais affe, se u		YES NO 🔀
	21a EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hem HOUR A M	
INER: e certif should files. 3 should ation,	S (ALSE OF DEATH 11:00 pm 2-15-68) Fell from ladder to cement ilou	
		County State
You you	at work Mar work Lil Hot Shoppe darehouse 5200 Addison Rd., Beaver Heights	
bical Examiner: please execute the cert director. Page 4 should retoined for your files. DIRECTOR: Page 3 should or to buriol, cremation.	22a. 1 certify that I took charge of the remains described above, held an Autopsy, Inspection ke, Inquiry 🔼,	
E G G G G G G G G G G G G G G G G G G G	death resulted from Natifal couses [], Accident [3], Suicide [], Hamicide [], Undetermined monner []
olease e director etoined DIRECT	CHIEF MEDICAL EXAMINER	
ITY please e eral director be retoined RAL DIRECTOR prior to but	ACTUAL SIGNATURE M.D ASSISTANT MEDICA. EXAMINER 22b DATE SI	
EPUTY, Fassary, Fassa	DEPUTY MEDICAL EXAMINER 15 2-2	23-68
	NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, cty, town or county)	
5 # 2 5 H	DEMONA Specific	County) (State)
2		Maryland
A	WEDNERM DIRECTOR C. Glen Carter 8434 Georgia Avenue	GNATURE
VR A15ME (5) 1 10M REV 1/68	Warner E. Pumphrey, Inc. Silver Spring, Maryland DATE FEB 27 1968 Filler	-01-0



1		MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	31175
HEALTH DEPT.		DECEASED-NAME First Middle Lost 2a DATE KNOWN Month	Doy Year 2b. HOUR
S O D A A		(Type or Print)	22-68 193:00pm
5 m & 3	3 5	The state of the s	2d HOUR
ny delta P., and P.M.3. 1		last birihday) MONTHS DAYS HOURS MIN. Manth Day	68 193:23pm
ny delay 2, and 3 PM3. Po partm		Male White 8-1-1893 7/4 YRS 2 22' BIRTHPLACE (Stote or foreign 76 CHIZEN OF WHAT COUNTRY? 8 MARRIED NECE MARRIED A 9. COUNTY OF DEATH	00 195:45 Pall
7 E a		Links	
Srare	10	CITY OR TOWN OF DEATH USA WWW. X.P. COM Prince George 's CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (K no of work done)	12b. KIND OF BUSINESS OR
e × g		Cheverly Prince George Hospital during most of working life, even if retired) Carpenter	
after de Givert olong (with the leoth.	130	USUAL RESIDENCE (Where deceased lived if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
hours after Item 18. Gi Office oloni Tond 2 with		daryland Prince George Upper Karlboro YES NO RFD Box 4162	
hours Item 18 Office of Tond 2 v	-	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
24 h in Ite r's 0 r's 0 r's 0			Penny
hin 24 ncil in niner's pages hours			ash DC
This cert ficote should be executed within 24 hours after icote, writing the word "pending" in pencil in Item 18. Giving the forworded to the Chief Medical Examiner's Office olong. I be used as a burial-transit permit file pages lond 2 with the removal, and in any event within 72 hours offer death.	(No or unknown) (11 yas give wor or doles of service) 578 28 9214 Bertha H. Sparkes 4428-S.	Capitol St
Parie de la companya		18 CAUSE OF DEATH (Enter only one cause per une far (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medical E onsit permit F event within		PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (6) Heart failure	minutes
exe endi Me t pe		DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease	unknown
be ''p' hief		Conditions, if any, which gave I rise to immediate couse (a), (b)	
shauld e word the Ch ourral-tro		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
shauld be e ne word "per o the Chief! burrat-tronsit		lost. (t)	
This cert ficote shauld icote, writing the word be forwarded to the Ch be used as a burral-transmission of the characteristics.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
t fico iting orde orde d as	용	THE CONDITION FOR HILLS OFFICE OF THE CONDITION FOR HILLS OFFICE OFFICE OF THE CONDITION OF	Lan Luzangua
cert , writ orwor used mova	CATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D. AUTOPSY?
This cote, be for the state of the state or rem	CERT F	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month Day, Year 21c HOW INJURY OCCURRED (Finter nature of injury in Part L or Part 2	YES NO-E
= =		PRIMARY OR CONTRIBUTING HOUR A.M.	Item 18)
NER: e certifi should files. 3 shou d ation, c	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e. PLACE OF N.JRY (At home, form, street, 21f EOCATION Street or R.F.D. No City or Town	£4:
(AMINER: le the certi ie 4 should rour files. age 3 shou	~	WHILE NOT WHILE foctory, office building, etc.)	County State
		AT WORK AT WORK	
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olease director director DIREC	l	deoth resulted from: Notural couses 🖾 , Accident 🗌 , Suicide 🗍 , Homicide 🔲 , Undetermined manner	Ш
dur dur or t		ACTUAL CHIEF MED CAL EXAMINER CHIEF	E SIGNED
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10 DEPUTY necessory, the funera 5 moy be 0 FUNERAL Health pri	237	D BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City of Town)	(County) (State)
1 1	100	REMOVAL (Specify)	ryland
The state of the s	24	MUNERAL DIRECTOR 1 ADDRESS DC 1250 REC D BY REG STRAR 1250 REGISTRAR 1250 REGISTRAR	•
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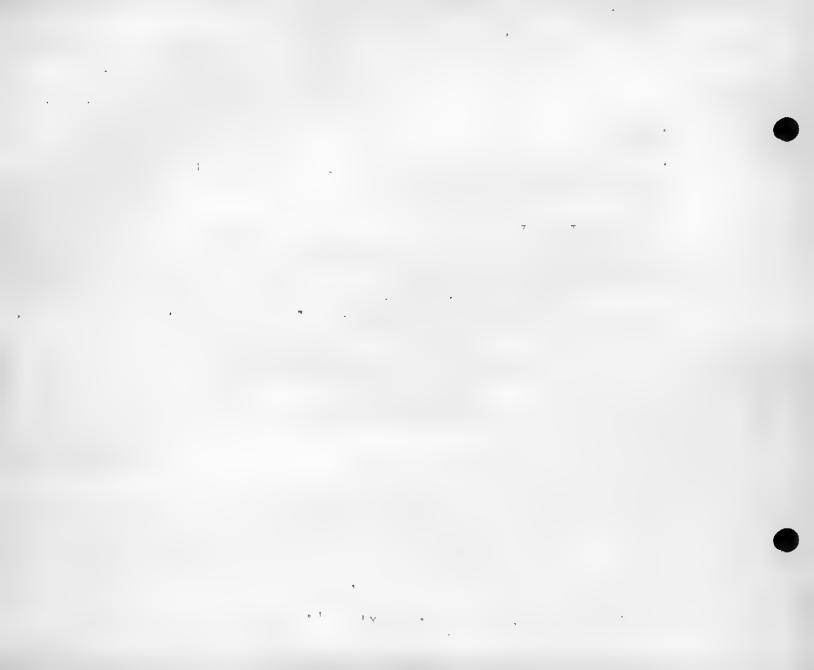




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offer offer	3. SI		4 RACE	S. DATE OF BIRTH	6. AGE (In veors	IF UNDER 1 YEAR IF UNDER 24 HRS.					
ars and are		Male	White	9/17/92	Jost birthday) yrs.	MONTHS DAYS HOURS MIN					
haurs Pagents	70.	BIRTHPLACE (State or foreign	7b CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	NEVER MARRIED 9. COUNTY OF DEATH						
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ecut cam ove y ev	<u></u>	Maryland	13b. COUNTY Pr. George's	Hyattsville YES X	OTOO BETETESE	Rd. Apt. 417					
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e be	L	Harris -	Steinberg								
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ertif phy hen navo	⊨	no			Steinberg same as	APPROXIMATE INTERVAL BETWEEN DISET AND DEATH					
ding Trem	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CANCEL NOMATOSIS										
dea tren n, ar	L	15 × X IMMEDIA	TE CAUSE (a) CANCELLE DUE TO, OR AS A CONSEQUENCE OF	001.11.7		3mos					
the of th		Conditions, if any, which gove			FCOLON	6 mos					
hat n. ansi	L	rise to immediate cause (a), { stating the underlying cause}	DUE TO, OR AS A CONSEQUENCE OF								
es t sicia ed b al-tr	ı	lost	(c)								
r requires the ng physician. so signed by ne burial-trarta		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEAS	E ORCONDITION GIVEN IN PART 1(o)						
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital or attending physician. 5 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papel shauld be filed with the State Dept. of Health priar ta burial, cremation, ar remaval, and in any event, within 72	CERTIFICATION	190 DATE OF OPERATION 196 (ONDITION FOR WHICH OPERATION WAS P		20b. IF YES, WERE FINDINGS COI CAUSES OF DEATH?	NSIDERED IN CERTIFYING					
AN: of or cate far u		216. ACCIDENT WAS UNDERLYING			(Enter nature of injury in Port 1 or Port 2, Its	em 18.)					
Pita Pita of F	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	er) P.M.	19							
DING PHYSICIAN: The I by the haspital or attender this certificate has I be detached far use a State Dept. of Health pr	×	ot work of work	PLACE OF INJURY (AT HOME FARM, STREET F/ OFFICE BUILDING, ETC.			County Stote					
by the free State	1	22a. I certify that (I) (the	s hospit al) attended the deceas	sed from MARCA	19 <u>67</u> , ta <u>2/10</u> , 19 <u>6</u> gapinian death accurred an the date	, that (I) (we) last					
R: A	ı	saw the deceased al	, (I) (we) (did) (did no t) view the	.17 <u>fe_a</u> and that in (my) (our :-hody after death.	g apinian death accurred an the date	e and haur and fram the					
State of the state		22b. S GNATURE				ATE SIGNED					
OR De rad w	ı	Trimum ()	(I mean	- M DEGREE PHYS.	DIRECTOR D STAFF D Z	110/68					
TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22d. PHYSICIAN'S NAME (Type) Nonn	nan) - Come	22e. ADDRESS 3363	PennysTMIA.	rivie rind.					
HOS Je 4 UNI ecto	230	BUR AL, CREMATION, 23b. D	DATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)					
5 5 5 5 4 V	L	REMOVA (Specify) Burial 2.	/13/68 Ft. L	incoln	Colmar Manor						
VR A15 (4)	24.	FUNERAL DIRECTOR	ADDRESS	S 2So. RI	EC'D BY REGISTRAR 256 REGISTRARS S	SHATE MARCO					
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SATIO	190. DATE OF OPERATION				PERATION					20. AUTOPSY	2
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DICAL CE	PRIMARY OR CONTRIBUTING	HOUR A.	M.	Day, Year 19	21c HOW INJURY (OCCJRRED (Ent	er nature :	of njury in Part 1 or 1	Port 2, Item	18}	
WE	21d INJURY OCCURRED 21e.	PLACE OF INJURY (actory, affice buildin	At home, farm, g, etc)	street,	21f. LOCATION Stree	et or R F.D. No.		City or Town		County	State
ı		took charge of t	ne remoins d	escrib e d obc	ive, held on Aut	topsy ,	Inspe	ction 🔀, İnqu	uiry 🔀 ,	ond in m	opinion
	death resulted fram.	Natural caus	es x / A	ccident 🔲	Suigde [],	Hamicide	e 🔲,	Undetermined m	nanner [
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DO	EXAMINER'S NAME (Type) John I			dale,	Md . At		city, fown,	ar caunty)			
23a.	EXAMINER'S NAME (Type) JOHN IA BUR AL CREMATION, REMOVAL (Specify) / 23t	DATE	23c N	AME OF CEMETE	DE MIN AL	EPUTY MEDICAI DDRESS(Street,	city, town,	ar county) CATION (City or Town	n) (C	County) (St	ate)
	EXAMINER'S NAME (Type) JOHN IA		23c N		DE MIN AL	EPUTY MEDICAL DDRESS(Street,	city, fown,	ar caunty)	a) (C	County) (St	ite)
	1 DEF (T) 3 SE) 7a. Bl 10. CI 13o. L 14 FA 16o W (Ye	1 DECEASED NAME (Type or Print) 3 SEX 4 RACE Female 10 CITY OR TOWN OF DEATH Cheverly 130. USUAL RES DENCE (Where deceadings; on) STATE ANDREW STEW 14 FATHER'S NAME ANDREW STEW 160 WAS DECEASED EVER IN US ARMED (Yes, ng, or unknown) NO 18. CAUSE OF DEATH (Enter or PART 1 DEATH WAS CAUSE IMMED) Canditions, if any, which gave rise to immediate cause (a), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CON 190. DATE OF OPERATION 21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21d INJURY OCCURRED 21d INJURY OCCURRED 220. I certify that I death resulted fram.	DIVISION OF VITAL REMEDIC 1 DECEASED NAME (Type or Print) 3 SEX 4 RACE S DATE OF BIR F emale 1 egor 8-15- 7a. BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHOMARY LAND USA 10. CITY OR TOWN OF DEATH 11 No. USUAL RES DENCE (Where deceosed 1 ved. I institute of prints of the prin	DIVISION OF VITAL RECORDS, 301 MEDICAL EXAM 1 DECEASED NAME (Type or Print) 3 SEX	DIVISION OF VITAL RECORDS, 301 W. PRESTA MEDICAL EXAMINER'S I DECEASED NAME (Type or Print) 3 SEX 4 RACE 5 DATE OF BIRTH 1 DECEASED NAME From 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BA MEDICAL EXAMINER'S CERTIFICATI 1 DECEASED-NAME (Type or Print) 1 DECEASED-NAME (Type or Print) 1 DECEASED-NAME (Type or Print) 3 SEX	DECEASED-NAME (Type or Print) Frst	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAI MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED-NAME (Type or Print) 3 SEX	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DICEASED NAME (Type or Print)	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BAITIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME



MARYLAND STATE DEPARTMENT OF HEALTH 03393 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ... 3 1. 7 le CERTIFICATE OF DEATH . DECEASED-NAME First Middle 2g. DATE OF DEATH death signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remaye carbon papers. Pages tast burial, cremation, or removal, and in any event, within 72 haurs after death (Type or print) 4 aAY 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IE JINDER 24 HRS last birthday) MONTHS DAYS HOURS PHYSICIAN: The law requires that the death certificate be executed within 24 hours 7a BIRTHPLACE (State or Fareign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TY NEVER MARRIED (duntry) INCE George's WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give_street oddress) most of working life, even if settred) INDUSTRY SCLVI 13o. USuA: RESIDENCE (Where deceased lived, if institution: Residence before 13e STREET AND NUMBER 13b COUNTY YES 🔀 NO I 5, LUAS SoriNG 14. FATHER'S NAME Middle Last 15 MOTHER'S MAIDEN NAME First LUNK. 16d, WAS DECEASED EVER IN ILS. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address G 17 Yes, no. or unknown) (If yes give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY. Conditions, if ony, which gave) rise to immediate cause (o), Page 4 may be retained by the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) as the prior to t 19g. DATE OF OPERATION 19b. CONDITION FOR WILCH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES [3 should be detached for use with the State Dept. of Health p 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 3 should be detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a I certify that (I) (this haspital) attended the deceased from 1000, 1900, to 1900, to 1900, that (I) (we) last saw the deceased alive an 1900, and that in (my) (we) apinion death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the body after death. 22b SIGNATURE ATTENDING MED. DIRECTOR director, page 3 should be filed v 22d. PHYSICIAN S Eastern Ave. Hyatts. Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY CE metery 23a. BUR AL, CREMATION, 23b. DATE 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) FUNERAL DIRECTOR VR A15 [4] " DATE FEB 30M REV 1/68-

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived, if Institution B. COUNTY B. C

0308;

-ci	Ne		CERTITORI	L OI DENIII
- E	5 A B	7	1 PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
	funero de	411	a. COUNTY Prince Georges MARYLAND	a. STATE D. C. b. COUNTY
[]	the fages agrees	-	b. CITY OR TOWN (If autside corparate i mits, c LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)
	by the Pages		write RURAL and give nearest town) 2 yrs.7 mos.	
hou	- × -		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d STREET ADDRESS 8 IS RESIDENCE
24	d ii	× 2		I ON A FARM?
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专	tely filled in the poper, within 72		3. NAME OF First Middle DECEASED (Iyon or growt) Clarence J.	Lost 4. DATE Month Doy Yeor Thomas OF February 6 10 68
p	and completely fremove carbon	47	fills as from	DEATH FEDERALLY 0 19 00
Ě	and complet remove car in ony event,	7.	S SEX 6. COLOR OR RACE 7. MARRIED MEYER MARRIED	8 DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS 5/19/1888 Funder Min Funder 24 HRS Funder Min Funder 24 HRS Funder Min Funder 24 HRS Funde
98	d cc	- 2	Male Negro WIDOWED DIVORCED	VIS VIS
pe			100 KIND OF BUSINESS OR during, mast af workiga life, even if retired)	11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT
<u>a</u>	cion eose and		during most of working life, even if retired) INDUSTRY	D'. C.
- Lico			13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
E I	hen you		Richard Thomas	Maria? Thomas
£	ling.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17	INFORMANT / Address
that the deoth certificate be executed within 24 hours	d by the ottending phys- tronsit permit. Then p, cremation, or removal,		(Yes, no, arunknawn) (If yes give war ar dates of service) 578-20-3709	Colando J. Themas 2027 11st the
<u>e</u>	Per Per		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))	INTERVAL BETWEEN
t to	The Thick		PART L DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Peritonitis	1 week
€.5	호텔		A medical bulleton	
ires	ial, la		(onditions if ony, which gove) Perioration of al	verticulum of sigmoid colon l week
- age	r is g		rise to immediate cause (a), Substitute to immediate cause (a), Substitute to DUE TO	
3.5	the rto		lost (c) Pulmonary tubercu	losis, far advanced 2 yr.9 mo.
p d	s so		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
_ F ±	te ho use alth p	- /	Generalized arteriosclerosis	PERFORMED?
= ä å	or L		Generalized arteriosclerosis 200 ACCIDENT WAS UNDERLYING TO RECONTRIBUTING COLURNE OF DEATH OF STITUTE MOTIFY OF AN ANDERLY OF ANDERLY OF AN ERLY OF AN ERLY OF AN ANDERLY OF AND ANDERLY OF AN ANDERLY OF ANDERLY OF AN ANDERLY OF AND	D (Enter nature of injury in Part t or Part It of Item 18.)
	事事		OR CONTRIBUTING CAUSE OF DEATH	and have a might with a value of the man had
H S	the ce		[(IF EITHER, NOTIFF MEDICAL EXAMINER)	LACE OF INJURY (Home, farm, 20f (C'y ar town) (Caunty) (State)
<u> </u>	this De		Hour a.m. While Not While of	actory, street, office bldg , etc)
ING ENG	ter be d		pm. 17 atwark 🗀 atwark 🗀	7/2 10.65 . 0.76
9	Af H		21. I certify that (I) (this hospital) attended the deceased from	7/2 , 19.65 , ta $2/6$, 19.68, that (N (we) lateral death accurred a $6:45A$ M, fram causes and an the date stated above
E ig	# # P		220. SIGNATURE	22b DATE SIGNED
A to	W S		IN NO (AN)	ATTENDING MED. STAFF D 2/6/60
20 2	ed a B		22c PHYSICIAN S	M.D. PHYS. L. DIRECTOR LA PHYS. L. 2/6/68 [22d. ADDRESS Glenn Dale Hospital
TAL	RAL DIR poge	1	NAME (Type) Moe Weiss, M.D.	Glenn Dale, Maryland
HOSPITAL	모르므			
9 P	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		236 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY O	IR CREMATORY 23d COCATION (City or Town) (County) (State)
0 H	O TO TO		12 MMax 1-10-1128 HEREITE	moral Kacketiller, I'll



MAKTLAND STATE DEPARTMENT OF HEALTH 03096 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ·3682 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Lost 20. DATE OF DEATH 26 HOUR (Type or print) Month 10. hom ason 72 hours after 4 RACE 3 SEX 5 DATE OF BIRTH 6. AGE (In years F JINDER 1 YEAR F JNDER 24 MRS lost birthcay) MONTHS I DAYS MOURS 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED [NEVER MARRIED country) WIDOWED'S DIVORCED [RINCE filled burial, crematian, ar remayal, and in any event, within 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12b MND OF BUSINESS OR 120. USUAL OCCUPATION (Kind of work done INDUSTRY give street oddress) during most of working life, even if retired.) please remave carban campletely ALRALL 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER requires that the death certificate be executed YES K NO [Washing 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First First Lost KnowN DAM 16b SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN Address Yes, no. or.unknown) APPROXIMATE NTERVA 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)/ BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the a Conditions, if ony, which gove) sise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stoting the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar tall 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES [NO [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY) 23f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from the party. . 19_60 , to_ 19 and that in (my) (aur) apinian death accurred an the date and hour and from the saw the deceased alive an 2 causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) OLLINS NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b DATE 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) CEMETER MARYLIAND FUNERAL DIRECTOR VR A15 (4) WASHINGTON 30M REV 1/68 DATE FFR

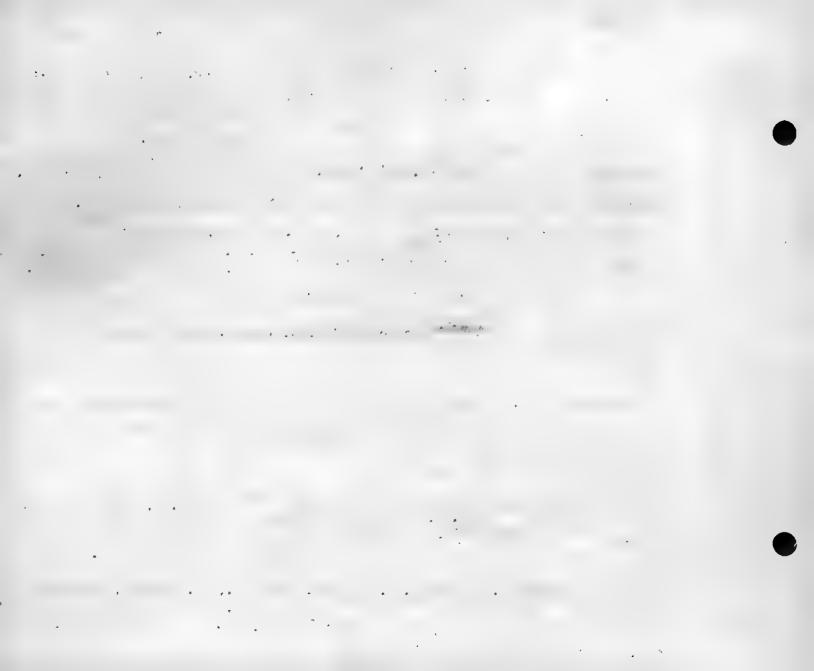
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after death. 3. Give Pages along with fail with the State eath.	10 +	ITY OR TOWN OF DEATH	II NAME	OF HOSPITAL OR INSTI t_oddress)	TUTION (If not in hospite	ol 120 USUAL O	COPATION (Kind of work done	12b KIND OF BUSINESS OR INDUSTRY
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1 hours 1 tem 11 Office Office after d	4	ATHER'S NAME First	M-ddle O L -	_051	IS MOTHER'S M	AIDEN NAME FIRST	Middle	Lost
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03098 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03684 CERTIFICATE OF DEATH 26 HOURA DECEASED NAME Middle Lost 2a. DATE OF DEATH (Type or print) Ernest Travis EDWIN Feb. 3. SFX 4 RACE S. DATE OF BIRTH IF UNDER YEAR IF UNDER 24 HRS 6. AGE (In years Male Caucasian last birthday) OAYS 9/7/18 hours To. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED KNEVER MARRIED country) WIDOWED [DIVORCED [Prince Georges Timed Dan pap 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within during most of warking life, even if retired) give street oddress) Prince Geo.Gen'l Hospital Cheverly buriol, cremotion, or removal, and in any event, 13a USJA, RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 3d INSIDE CITY JUM TS? 13e STREET AND NUMBER pleose remove car requires that the deoth certificate be executed 13b COUNTY Maryland Prince Georges Hvattsville 3903 Longfellow St. 14. FATHER'S NAME Middle East IS. MOTHER'S MAIDEN NAME First EVERMANN BIELSIF physicion (nen pleose MRS. HELEN 16g. WAS DECEASED EVER IN U.S. 16b SOCIAL SECURITY NO Yes, no or unknown) 1 Lif yes give war or dates of service) 18. CAUSE OF DEATH (Enter any one cause per line far (a), (b), and (c).) PART I, DEATH WAS CAUSED BY: Cancer of the Esophagus: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the bur al-tronsit p Conditions, if any, which gave) b Bronchopneumonia of right lung with lung abscess rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 the prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 50 CAUSES OF DEATH? of Health p YES KK Poge 4 moy be retained by the hospital or O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M Manth Day Year (If either, notify medical exominer) P.M director, page 3 should be detoche should be filed with the State Dept 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. OFFICE BUILDING, ETC. State City or Town County While Nat while at work 22a. I certify that (I) (this diagnospital) attended the deceased fram 1948, 19, 19, 10 Feb. 9, 1968, that (I) (ara) last saw the deceased alive an Feb. 9, 1968, and that in (my) (502) apinian death accurred an the date and haur and fram the causes stated above, (1) (we) (did) (subspace) view the bady after death. 22h_SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. MED. DIRECTOR DEGREE PHYS. 22d. PHYSICIAN S 22e. ADDRESS NAME (Type 3824-34th_St... Rainier, Maryland Benjamin S. Miller, M. D. 23a BURIAL CREMATION 23b DATE NAME OF CEMETERY OR CREMATORY LOCATION (City or Tawe (County) (Stote) VR A15 (4) 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

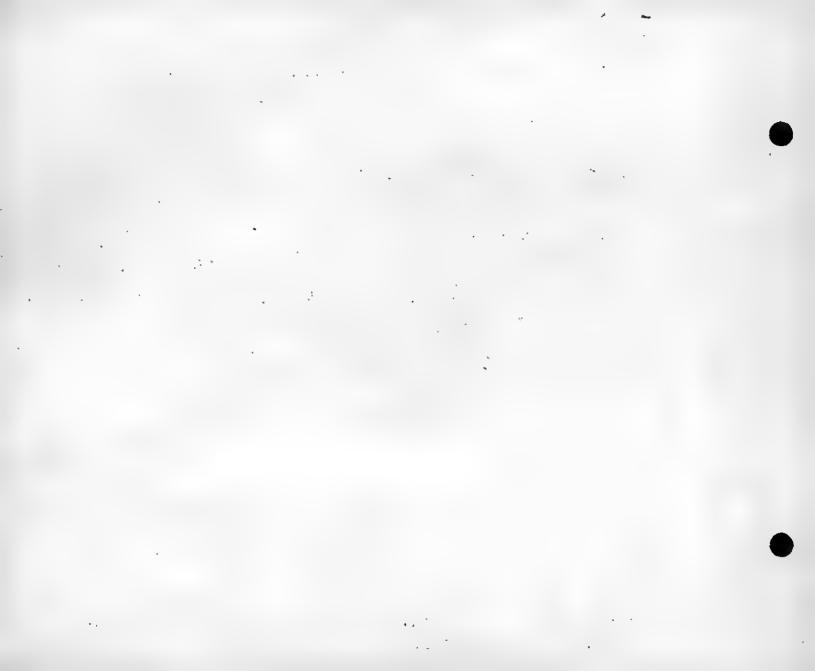


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or ate		21a ACCIDENT WAS UNDERLYIN		21	c. HOW INJURY OCCURRED	(Enter nature of	injury in Port 1 or Port 2,	Item 1B.)	
YSICIAN: ospital or certificate hed for u	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT		th Day Year					
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle last First 2g. DATE OF DEATH 2b. HOUR death (Type or print) Month Day Year Jewo 3 SEX 4. RACE IF UNDER YEAR S. DATE OF BIRTH IF UNDER 24 HRS. 6. AGE (In years DAYS in ony event, within 72 hours aft last birthday) SHENOM HOURS requires that the death certificate be executed within 24 Hours 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? COUNTY OF DEAT 8 MARRIED [7] NEVER MARRIED [7] country) ď WIDOWED [DIVORCED [GEORGE filled 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY corbon CLINTON CLINTAN 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before, 13c. CITY OR TOWN 13d INSIDE CITY (1969TS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY NO F 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle CATHERINE URME physicion puo 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) (# yes give war or dates of service) cremotion, or removal, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF MSC. ARR. Conditions, if ony, which gave t buriol-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause signed i buriol, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) for use as the I has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO [TO FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING O HOSPITAL OR ATTENDING PHYSICIAN: 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) State Dept. of be detoched 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while of work 220. I certify that (I) (this hospital) attended the deceased from 2-13 , 19 68, ta 2 , 57 , 19 68 that (I) (we) lost 4 moy be retoined by _19 6% and that in (my) (aur) apinion death occurred on the date and hour and from the saw the deceased alive an-- 27 director, page 3 should should be illed with the causes stated above, (1) (we) (did) (did not) view the bady ofter death. 225 SIGNATURE 22 DATE SIGNED DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 23a BURIAL CREMATION (County) REMOVAL (Specify) 7 3-2--68 Church Cemetery Hilltons. Marvland ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Rhines Company Funeral Home VR A15 (4) 1968 DATMAR 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03101 ur Blich in CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Lost 20 DATE OF DEATH 2b HOUR requires that the death certificate be executed within-24 hours after death (Type or print) Month Ulmer Pear] 5:00d4 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 24 HRS. 6. AGE (In years IF UNDER 1 YEAR last bjirthday) OAYS Female Caucasian 12-9-83 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED (Wuntry) Missouri filled in U.S. WIDOWED X DIVORCED [Prince George 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital burial, cremotion, or removal, and in ony event, within IG. CITY OR TOWN OF DEATH 12g, USUAL OCCUPATION (Kind of work done 12b KiND OF BUSINESS OR give street oddress) Leland during most of working life, even if retired.) INDUSTRY Riverdale Memorial Hosp. the ottending physicion and completely isit permit. Then please remove carbor 130 USUAL RESIDENCE (Where deceased lived, if institut on; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b. COUNTY YES -NO Hvatts 1001 Chillum Rd 14. FATHER'S NAME Middle Middle Lost IS. MOTHER'S MAIDEN NAME First Cohen Morris 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no. or unknown) [If yes give war or dates of service) Hospital Record APPROXIMATE INTERVAL GETWEEN DISET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b). PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) DUE TO, Q signed by the burial-transit p Conditions, if ony, which gove) rise to immediate couse (a), Poge 4 may be retoined by the hospitol or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1(a) **O FUNERAL DIRECTOR:** After this certificate hos been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to 190. DATE OF OPERATION 201 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? CAUSES OF DEATH? NO F YES 🖂 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b TIME OF INJURY OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, not fy medical examiner) 2.d. INJURY OCCURRED 21e. PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while of work 22a. I certify that (I) (this haspital) attended the deceased from PED. 15, 1900, ta PED. 1, 1900, that (I) (we) last saw the deceased alive an PED. 170, and that in (my) (our) opinion death occurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bedy after death. 22h, SIGNATURE ATTENDING PHYS. STAFF DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23: NAME OF CEMETERY OR CREMATORY 23b. DATE 230 BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) REMOYAL (Specify) Feb. 19, 1968 Mt. Lebanon Cemetery Hyattsville, Mary land 24. FUNERAL DIRECTOR Donald M. Stein Heb. ADDRESS 232 Carroll 25a. REC'D BY REGISTRAR VR A15 (4) Memorial Funeral Home St., N.W., Washington, D. G. DATFEB 20 1968 30M REV 1/68

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一 (174)		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
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requires that the death certificate be executed within 24 haurs affered at physician. In signed by the attending physician and campletely filled in by the funeral e burial-transit permit. Then please remove carban papers. Pages I and a burial, cremation, ar remaval, and in any event, within 72 haurs after deal	- 1	HYATTSUILE (HYATTSUILE NURSING HOME MUSING HOME MUSING SOME SAME
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OR ATTENDING PHYSICIAN: "be retained by the hospital or DIRECTOR: After this certificate is 3 should be detached far used with the State Dept. af Healt	*	21d. INJURY OCCURRED While Not while of wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. No. City or Town Caunty Stote
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O HOSPITAL OR ATTENDING PHYSIC Page 4 may be retained by the haspit O FUNERAL DIRECTOR: After this certif director, page 3 should be dehached should be filed with the State Dept. of	1	22d. PHYSICIAN'S NAME (Type) LOHN L. FORD MU 22e. ADDRESS & 31 UNIVERSITY RLUSF.
O HOSPII Page 4 m O FUNERA director, shauld b	23	BUR AL CREMATION. 23b OATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (Stote)
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uuld be executed wir vord "pending" in pe se Chief Medical Exa se Chief Medical Exa any event within 72 any event within 72		18. CAUSE OF	DEATH (Enter o	n y one couse per	line for (o), (b) and (q)						APPROXIMA	ATE INTERVAL SET AND DEATH
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0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	230	BUR AL, CREMA	MON. / 23h	DATE	23c NAME C	OF CEMETER	Y OR CREMATORY		23d L	OCATION (City or Tox	wn)	((aunty)	(Stote)
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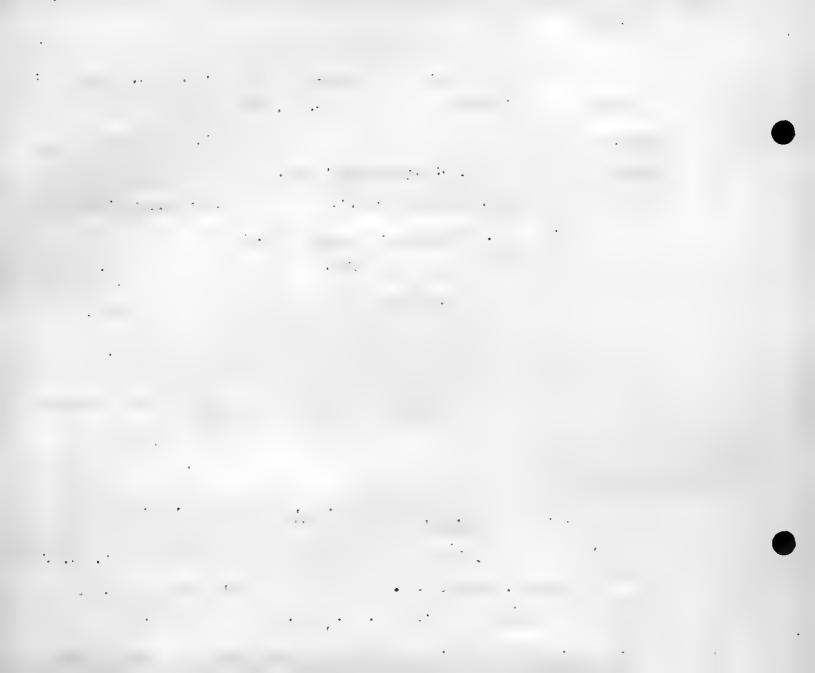
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201



r	Item 20 Film 398 2-23-68arMARYLAND STATE DEPARTMENT OF HEALTH	
	03104 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	33689
. [CERTIFICATE OF DEATH	00003
	D. County Prince Georges 2. USUAL RESIDENCE (Where deceased lived, if institution of state of the state of t	
	b CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If autside carparate limits, write RU write RURAL and give negrest town).	RAL and give nearest tawn)
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS d. STREET ADDRESS	T e 35 RESIDENCE
-		e. IS RESIDENCE ON A FARM? YES NO
F	Glenn Dale Hospital 1326 19th Street, N.W. NAME OF First Middle Lost 4 DATE Mon	
-7	DECEASED (Type or pnot) Charles A. Warren DEATH Febru	uary 3 19 68
	S SEX 6 COLOR OR RACE 7 MARRIED 1 b DATE OF BIRTH 9 AGE (In years lost birthday) Male Thite WIDOWED 1 DIVORCED 2/27/1085 92 birthday)	Months Days Hours Min
	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY New York	12. CIT ZEN OF WHAT COUNTRY?
	Retired New York 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME	USA
	Unknown Unknown	
-		ess
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no., ar unknown) (If yes give war ar dates of service) 577-03-55544 Decedent	
	18. CAUSE OF DEATH (Enter only one couse per one for (a), (b), and (c)) PART I DEATH WAS (AJSED BY IMMEDIATE CAUSE (a) Septicemia with bronchopneumonia possibly d	nterval between onset and death 1 week
	IMMEDIATE CAUSE (o)	s week
,	(Conditions, Hany, which gave) (Infected burns of right hand, body and legs	1 month
	rise to immediate cause (a).	
	lost. 7/6) (c)	
,	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)	19 WAS AUTOPSY
Collection	Pulmonary tuberculosis; generalized arteriosclerosis, marked	PERFORMED?
	Pulmonary tuberculosis; generalized arteriosclerosis, marked 20a ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Port 1 of tem 18) OR CONTRIBUTING CAUSE OF DEATH (IF I THER NOTHEY MEDICAL EXAMINER) Accidental fire, allegedly started while s	smoking in bed.
	20c TIME OF INITIPY Manch Day Year 20d INSTITUTE 120c PLACE OF IN LIRY (Home form 20f (City or fown)	(County) (Stote)
	bw at Moth all Mark 1250 Then 20' WM	
	21 certify that (1) (this haspital) attended the deceased from 2/2/ ,1968 to 2/3	, 19 <u>68</u> , that (L) (we) la
	saw the deceased alive an 2/3 19 58, and that death accurred of 1:00PM, fram causes	and an the date stated abov
	MD PHYS DIRECTOR DIRECTOR PHYS	2/3/68
,	22c. PHYS.CIANS NAME(Type) Moe Weiss, M.D. 22d. ADDRESS Glenn Dale Hospi Glenn Dale, Mary	ital
` 	230 BURIAD CREMATON 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of To	
	BUNGAL SPECTY 2-6-68 Ft. LINCOLN CENT. PRINCE GEO	
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L	JOS GAWIERS SONS WASH, D.C 2001 BITED O 1009 8	U -



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		03105 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	, , ,
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after deoth funeral ges 1 ond after deoth	3. SI	(act buthday) Mouths Days Hours	MIN
	L	remale Negroid Feb. 13, 1968 YRS.	10
4 hours	7o	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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com com	M	aryland 1/ Prince Georges Wash. SE YES NO 2909 Nelson Place, SE	
nd c	14.	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Last	
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AN: I or cate	٦	21a ACCIDENT WAS UNDERLYING 27b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. Manth Day Year	
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hos sept.	ξ	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM STREEF, FACTORY.) 21f. LOCATION Street or R.F.D. No. City of Town County SM. While - Not while	ate
the Third detries		While Not while at work OFFICE BUILDING, ETC.	
ATTENDING etained by th CTOR: After t should be de		220. I certify that (ix (this hospital) ottended the deceased from Feb. 13 , 19.68, ta Feb. 13 , 19.68 , that (ix) (we saw the deceased alive on Feb. 13 , 19.68 , and that in (xx) (our) opinion death occurred on the date and have and from couses stated above, (ix) (we) (did) (askers) view the bady after death.) lost
R. A	L	couses stated above. He (we) (did) (we) return to the bady after death.	nine
The stage of the s	П	22h SIGNATHRE 27c DATE SIGNED	
OR DE LINE	L	DEGREE PHYS DIRECTOR DIRECTOR PHYS TO Feb. 13, 196	8
AIL D	1	22d. PHYSICIAN'S 22e. ADDRESS	
F. C.		MAME (Type) John H. Moling, M. D. Prince George's General Hospital	
HO CLEAN	23 o.	BURIAL, CREMATION, 23b DATE 23 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)	
TO HOSPITAL Poge 4 may TO FUNERAL I director, pog		REMOVAR (Specify) 3/2/08 Prince Geo. Gen. Hosp. Cheverly, Md.	
10.00	24	FUNCTOR 250. RECTOR 250. REGISTRAR'S SIGNATURE	
20M REV. 1968	L	William A. Parker asspc. Administrator DAYAR 1 1 1958 Villages United	1
•			3



- 1	MAKTLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	176 (47.8)
-	NICE OF THE PARTY	11 10 10 10
	(Type or Prat)	
3	Noah Francis Washington DEATH MATED 2/15/6 SEX 4 RACE S DATE OF BIRTH 6 AGE (10 YEAR) F JINDER YEAR 1F LINDLE Z4 HRS 2c DATE PRONOUNCED DEAD	8 19 2:30#P
١,	Nost burnouv) MONTHS DAYS HOURS MIN. MOREN	Year
7,	Mate Negro 4/10/1910 57 YRS 15" BIRTHPLACE (Stote or foreign 75 CITIZEN OF WMATSQUARRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	6819 M
(0	n atry)	3
10		KIND OF BUSINESS OR
		USTRY
13	DE LICITAL DESIDENCE (When According to the Property AND STATE OF THE PROPERTY AND STREET AND STREET AND STREET	
	odmission) Maryland 13b (OUM) Frince Geo. Baden YES NO State Rt. I, Box	< 331
14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
	John Washington Gladus Curtis	
	(Yes no, or unknown) (If yes give war or dates of service)	/
_	(18 no, or Unknown) (Hyes give war or dates of service) 217-16-4673 Gladus Washington Aquascs	
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS (AUSED BY IMMEDIATE (AUSE (o) Thrombotic occlusion, acute, right and left	
	DUE TO, OR AS A CONSEQUENCE OF coronary arteries.	
	Conditions, if ony, which gove (b) Hypertensive coronary arteriosclerotic	
ı	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF heart disease	
	lost. (c)	
ı	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
NO	190, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
TANIS	None WAS PERFORMED? None	
CERTIFICATION	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW IN. JRY OCCURRED (Enter nature of njury in Port 1 or Port 2, Item 1	YES X NO
		D. j
MEDICAL	CAUSE OF DEATH P.M. 19 NOTE 2 d IN. JRY OCCURRED 21e PLACE OF INJURY (At home, form, street) 2 f LOCATION Street or R.F.D. No (try or Town Co	ounty State
	WHILE AT WORK AT WORK AT WORK	31018
	22a Leertify that I taak charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X.	and in my apinian
	death resulted from Natura causes Accident Suicide Hamicide Undetermined manner	,
	CHIEF MEDICAL EXAMINER	
	SIGNATURE ASSISTANT MEDICAL EXAMINER 22b, DATE SIGN	LED 1000
	EXAMINER'S ACTING DEPUTY MEDICAL EXAMINER TED.	16, 1968
		Maryland
2		upty) (Stote)
L	Busial 2-19-60 SI. Pelers Ch. Cometory Woldnot, Chac. C	s.Md.
2	ADDRESS 250 RECOR . 250 REGISTRAR 1968 REGISTRAR 19	ATURI
Pra	Marlott adams (1011000, Md, DATE FER & 1 1000	0 0



1	Lt	ems 13&22a Film 399 MARTLAND STATE DEPARTMENT OF HEALTH 8-88 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	389.
HEALTH DEPT.		ECEASED NAME First Middle Losi 2g DATE KNOWN Month II	Day Year 25 HOUR
of the state	(Type or Print) William Stephen Washington OF ESTI- DEATH MATED □ 2-22-	68 194:00am
delay is and 3 ta A3. Page tment of	3 5	EX 4 RACE 5 DATE OF BIRTH 6 AGE (In yours IF LNDER 1 YEAR F UNDER 24 HRS 2C DATE PRONOUNCED DEAD	2d HOUR
MA3.	M	Tale Negro 5-19-1918 49 YRS DAYS HOURS MIN Month Day 2 22	7eg 12:10pm
any dela 7, 2, and n PM3. P		B RTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
	€0 Un	South Carolina USA WIDOWED DIVORCED Prince George's	Md
taget 2	10 (2b KIND OF BUSINESS OR NDUSTRY
offer death 8 Give Pages along with far with the State		heverly Prince George Hospital None	IDOSTKT
afte alon with		LSLAL RESIDENCE (Where deceased ved, if institution Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
18 ce		Tripland Prince George Chapel Oaks YES NO 504 62nd. Ave.	
24 haurs after of in Item 18 Give r's Office along vers 1 and 2 with the rs after death.		James Middle Lost IS MOTHER'S MAIDEN NAME First Georgia Stevens	Last
hun ncul nine page hau		WAS DECEASED EVER IN U.S. ARMED FORCES? [45, no, or Jinknawn] (if yes give wor or doftes of sarvica) 16b. SOCIAL SECURITY NO. 17. INFORMANT Georgia Brown-mother-504 62n.	d Ave.
d with per Exart File			
후 등 골로		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Heart failure	BETWEEN ONSET AND DEATH
× 5 4 +		4129 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	
be exemple be exempled the bull of the bul		Conditions, if only, which gave) Arteriosclerotic heart disease	Unknown
ward ward the Ch rial fra		rise to immediate cause (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	- A24 C423 - Q4
shauld be e ne ward "per a the Chief ! bunal transit i in any ever		last. (c)	
o = ** ~		PART 2 OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
s certificate s, writing th farworded † used as a emavat, and	l _s	4200	
	CATI	19d DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
at a a a	CERTIFICATION		YES 🔀 NO 🗋
生 っ 一 当 こ /	N N	21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 1 21b TIME OF NJURY Manth, Day, Year POR LONG CONTRIBUTING 1 HOUR A.M. 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern	18.)
INER e cel shau files 3 sha atra	MEDICAL	CAUSE OF DEATH P.M. 19 21d INLURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, 21f LOCAT ON Street or R.F.D. No. City or Town	County State
KAMINER: te the cert ge 4 shaul your files. age 3 shau crematian,		WHILE MOT WHILE factory, affice building, etc)	Coonly Stole
		220 certify that I took charge of the remains described above, held on Autopsy [X], Inspection [X], Inquiry [X].	
CAL Population Populat		220 I certify that I took charge of the remains described above, held on Autopsy [X], Inspection [X], Inquiry [X], death resulted from. Natural coopers [X], Accident [7], Suicide [7], Homicide [7], Undetermined manner [7]	ond in my opinion
ase ase dine line line line line line line line l		CHIEF MEDICAL EXAMINER	_
TY ple y, ple raid discrete discrete priority priority		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIG	GNED
		EXAMINER'S DEPUTY MEDICAL EXAMINER 2-23-	68
necessary, the funera 5 may be 70 FUNERA Hearth pr		NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street dity, town, or county)	
5 ままる 5 ま		BLRIAL CREMATION, 28b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (C	County) (State)
-		dria (pedy) 2/26/68 Lincoln Memorial Maryland	
VR A15ME (5)	I	FUNERAL DIRECTOR Flow 1. Slewart ADDRESS 250 REC D BY REGISTRAR'S SIG	
10M REV 1/68	St	ewart Funeral Home-4001 Benning Rd., N FEEB 29 1968 Million	(A) HERE



1	L	MARYLAND STATE DEPARTMENT OF HEALTH STATE DEPARTMENT OF HEALTH STATE DEPARTMENT OF HEALTH STATE DEPARTMENT OF HEALTH	AND 21201	
FOR STATE	It	7 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYI	Acto TITO!	.3692
HEALTH DEPT		ECEASED NAME First Middle Last		Day Year 2b HOUR
. 2 2 2.	1	(ype or Pnni) Ruth Irene Waters	OF ESTI- DEATH MATED 2-7-	
5m2 €	3 5	X 4. RACE S DATE OF BIRTH 6. AGE (n years f JNOER YEAR) F UNDER 24 HRS	2c. DATE PRONOUNCED DEAD	2d. HOUR
ny delay and 3 page 2	F	emale Negro 6-29-1910 57 YRS MONTHS DAYS MOURS MAIN	Month Day	68 19 10: 30am
E & a	70	BIRTHPLACE (State or foreign 76 CT ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COU	INTY OF DEATH	OO II LO I JOCAIN
	Ma	[N]	rince George's	Md.
after death 8. Give Pages olang with to with the State eath.	10 (ITY OR TOWN OF DEATH IN NAME OF HOSPITAL OR INSTITUTION (If not in hospita) 120 USUAL OC	CJPATION (Kind of work done	12b. KIND OF BUSINESS OR
after death S. Give Page olong with with the Sta	<u>L</u>	Cheverly Prince George Hospital	f working life, even if retired.)	INDUSTRY
s after of 18. Give solong very the the death.		JSJAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS?	13e. STREET AND NUMBER	
		Triviland Prince George Seat Pleasant YES NO	5207 Addison	Road
24 hours in Item 11 r's Office ss 1 and 2	14/	ATHERIS NAME FIRST MAIDEN NAME FIRST	Middle	Lost
		abrel 1911 ANNIE		
within 24 pencil in xominer's ile pages 72 hours		WAS DECEASED (VER IN U.S. ARMED FORCES? 85, no, or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS	
	-			APPROXIMATE INTERVAL
ecuted ing" in dical E ermit E		18 CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c)) PART I. DEATH WAS CAUSED BY:		BETWEEN ONSET AND DEATH
executed nding" i Medical permit nt withir	1	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) Heart failure	+ 41:00000	minutes
be exeminef Me	1	Conditions, if any, which gave	n arsease	Over 1 yr.
ould be evord "per he Chief a ol tronsit		rise to immediate cause (a), (b)		
thoul the the ur of in on		last (4 3 0 0		
te sha the v if ta ti o bur nd in		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION	N GIVEN IN PART I(a)	
dec dec	l _z	Diabetes - over 5 yrs.	5(12.0 1) (74.0 1(4)	
his certificate, writh the forwar be used to removal	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION		20. AUTOPSY?
or to the rem	ZIE K	WAS PERFORMED?		YES NON
海虫 辛り	100	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M.	re of injury in Part 1 or Part 2, Item	m 1B)
	MEDICAL	CAUSE OF DEATH P.M. 19		
	2.	2 d IN.JRY OCCURRED 21e PLACE OF INJURY (At name, farm, street, factory, office building, etc.) 21f LOCATION Street or R.F.D. No.	City or Town	Caunty State
EXAM ute th oge 4 your your Page		MMILE NOT WHILE Tactory, office building, etc.)		
ICAL E exect for. Po ed for CTOR: buriol,			pection 🔀, Inquiry 🔀	
lease edirectoration of the control		death resulted from: Notural courgs 🖾 , Accident 🗌 , Suicide 🗍 , Homicide 🔲 ,	Undetermined manner (
please e I director retained		ACTUAL CHIEF MEDICAL EXAMINI		1 dr. i o o
		SIGNATURE MD ASSISTANT MEDICAL EXA		
o DEPUTY SICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your 5 FUNERAL DIRECTOR: Page Health priar to buriol, crem		EXAMINER'S NAME (Type) John Keloe MD Bissendale Md ADDRESS(Street, cty, to		-08
TO DEPUTY necessary, the funera 5 may be TO FUNERA! Health pr	234	BURIA REMATION 236 DATE 236 NAME OF GENETERY OR SEEMATORY / 123d	7	(County) (State)
		REMOVAL (Specify) Int Hope Church Com.	Samuelde -	The land me
	24	FUNERAL DIRECTOR ADDRESS 250 RECID BY REC	GISTRAR , 256 REGIŞTRAR S S	GNATURE
VR A15ME (5)	13	ASSOCIATION REPORTS FEB.	131.43	· Vindalla



		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3893
., HEALTH DEPT. (1)	1.0	ECEASED-NAME First Middle East 20 DATE KNOWN Month D	Day Yeor 2b HOUR
7 9 5 5	,	Francis Lee Meelock DEATH MATED X 2-5-6	8 1910:30at
Page 1	3 5	4 RACE S DATE OF BIRTH 6 AGE, n years .F UNDER YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
		fale White 4-24-1917 50 yes 20 20 20	68 1912:2010mM
" , 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2	7a	BIRTHP.ACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED FINEVER MARRIED 9 COUNTY OF DEATH	
Transport of the state of the s		New York U. S. A. WIDOWED DIVORCED Prince George's	Mo
after death only along with the State Depa	10. 0	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital lead usual OCCUPATION (Kind of work done 1) during most of working life aven if retired). IN	2b. KIND OF BUSINESS OR
ive P in the		Ivattsville give street oddress) during most of working life, even if retired.) IN SWITCHMAN USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN 13d INSIDE CITY JIM. 13? 13e STREET AND NUMBER	OUSTRY P. Tele.
© K. C. C. C.	130	TATE - 12L COUNTY	
haurs Item II Office after d	_	ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	
	1 1.)	Frank J Wheelock Ruby L House	Last
hin ncil nine page		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS es, no or yoknown Wresper wild dates of service 122 10 6501 Ethel I. Wheelock Wilyattsv:	illa Ma
l with n per Exam	-		APPROXIMATE INTERVA.
be executed "pending" in nef Medical E ansit permit. F event within		18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b) and (c)) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
executed nding" Medical permit.		953 X DUE TO, OR AS A CONSEQUENCE OF Hanging	
ef / ef / ef /		Conditions, if any, which gave	
auld b ward ' he Chi ial-trai		rise ta immediate cause (a), ((b)	
		last.	
te sh the 1 ta 1 a bun nd in		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
fira ing dec as as	_	414 %	
certification writh arward	ATIOI	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his of afte, e for be u	CERTIFICATION	WAS PERFORMED?	YES NO 🔀
		216 EXTERNAL CAUSE WAS PRIMARY (CONTRIBUTING HOUR A.M. 216 HOW INJURY OCCURRED (Enter nature of injury in Port) or Port 2, Item	18.)
NER: T certifice hauld b lies shauld ttian, ar	MEDICAL	CAUSE OF DEATH 10:30AM 2-5- 19 68	
= 5 × ± 5 5	W	21d NJURY OCCURRED 21e, PLACE OF INJURY (At home, farm, street, factory, affice building, etc.) 21f. LOCATION Street or R.F.D. No. City ar Tawn	County State
XA Jan Jan Yau Page		AT WORK AT WORK TO Basement of home same as #13	
ICAL () exect far Pa ed far CTOR:		220. I certify that I took charge of the remains described above, held on Autopsy 🔲, Inspection 🔀 Inquiry 🔀	ond in my opinion
bical EXAN slease execute the director Page 4 etained for your DIRECTOR: Page in to burial, cren		deoth resulted from Jojurol causes 🗌 , Accident 🔲 , Suicide 🔀 , Homicide 🔲 , Undetermined monner 🗌]
please direct direct braine etaine or tail		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
TY, F		SIGNATUREM D ASSISTANT MEDICAL EXAMINER [_] 226. DATE SIGNATURE	NED / C
DEPUTY scessary, e funero may be FUNERA		EXAMINER'S NAME (Type) John Kehoe DEPUTY MED CAL EXAMINER ADDRESS(Street, city, town, or county)	-6-61
necessary, pled the funeral directors any be retained from the funeral directors from the funeral bill Health pright.	23/1		(6,)
F 2	200	Burial Feb 8, 1968 Baltimore National Cemetery Baltimore, Md	aunty) (Stote)
	24.		
VR A15ME (5)		F. Gasch's Sons Hyattsville, Md. 250 REGISTRAR 1968 REGISTRAR 5 SIG	Es Judge



8 1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR-STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2699
HEALTH DEPT.		ECEASED NAME First Middle Lost 20. DATE KNOWN Month	Doy Year 2b HOUR
× 5 € 1 €	(Type or Print) Dorothy Virginia Whitacre OF ESTI- DEATH MATED 2-20-	-68 191: LOpm M
2, and 3 2 PM3. Page	3 5	EX 4 RACE S DATE OF BIRTH 6 AGE (In years IF LINDER 1 YEAR F JINDER 24 HRS 2C DATE PRONOUNCED DEAD	2d HOUR
y delay , and 3 PM3. Pa artment	_	Temple Thite 27 Oct. 1920 47 yrs 20 20	6819 1:200mm
	7o.	BIRTHPLACE (State or foreign 7b (ITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
The San Training of the Sa	10 (West Virginia U.S.A. WIDOWED DIVORCED Prince George's	Md. 12b KIND OF BUSINESS OR
deoth with form	10	give street address) during most of working life, even if retired)	INDUSTRY
after death 8 Give Pog along with with the Sta	130	USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 3d INSIDE CITY IN 137 13e STREET AND NUMBER	Furniture Co.
hours after Item 18 Give Office alang 1and 2 with th after death.	Ð	dmission STATE inia 13b. COUNTY Martinsburg YES NO Rt. 1, Box 2290	x X
This certificate shauld be executed within 24 hours a cate, writing the ward "pending" in pencil in Item 18 be farwarded to the Chief Medical Examiner's Office at be used as a bunal-transit permit. File pages land 2 wir remaval, and in any event within 72 haurs after de	14. 6	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
24 h		Edward A. Murphy, Sr. Reba Hollar	
within 24 pencil in xaminer's ile pages 72 haurs	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 235—12~1300 17 INFORMANT ADDRESS Mr. Herman J. Whitacre. Sr. Rt. 1. Mi	
is certificate shauld be executed within 24 e, writing the ward "pending" in pencil in farwarded to the Chief Medical Examiner's e used as a bunal-transit permit. File pages emayal, and in any event within 72 haurs		(es, no, or unknown) [if yes, grew war or dates of sarvice] 235-12-1300 Mr. Herman J. Whižacre, Sr. Rt. 1, M.	artinsburg, WV:
shauld be executed wit e ward "pending" in pe i the Chief Medral Exar iunal-transit permy. File in any event within 72		18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c)) PART I, DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
executed anding it within the win		PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Renal failure The part I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Renal failure The part I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (b) Renal failure The part I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (c) Renal failure The part I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (b) Renal failure The part I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (c) Renal failure	
pe e pen lef M		Conditions, if ony, which gave	
shauld be e ward "per the Chief unal-transit		rise to immediate cause (a). stoting the underlying couse (b) DUE TO, OR AS A CONSEQUENCE OF	
shau the urial		last (c)	
the d to a b		PART 2 OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
nthco nting arde arde ard. c	S	4:	
is certificate te, writing the farwarded to e used as a b remaval, and	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This ficate be for the formula	ERTIF	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Itel	YES NO X
维力 		PRIMARY GR CONTRIBUTING HOUR A.M.	1 10)
INER le cer shau shau filles.	MEDICAL	21d NJURY OCCURRED 21e PLACE OF IN. JRY (At home, form, street, 21f LOCATION Street or R.F.D. No City or Town	Caunty State
= + ▼ 5 9 %		WHILE NOT WHILE of foctory, office building, etc.)	
Page et u		220 Certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry	, and in my opinian
lease exect d'rector Pe d'rector Personne pirector.		death resulted from Natural coopses 🔄 , Accident 🔲 , Suicide 🔲 , Homicide 🔲 , Undetermined monner [
please e l d'rector retained L DIRECT		ACTUAL CHIEF MEDICAL EXAMINER C	
· - ·		SIGNATURE MD ASSISTANT MEDICAL EXAMINER () 220 DATES	
O DEPUTY necessary, p the funeral S may be rr O FUNERAL Health pring		EXAMINERS	20–68
TO DEPUTY necessary, the funera 5 may be TO FUNERA Health pr	230	BURIAL CREMATION / 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town)	(County) (State)
F F		REMOVAL (Specify) Burial Feb. 23.1968 Rosedale Cemetery Martinsburg Be	
	24	FUNERAL DIRECTOR HOLLMAN R. EXMANN ADDRESS 250. REC D BY REGISTRAR 25. REGISTRAR 5.5	GNATURE
VR A15ME [5] 10M REV. 1768		Brown Funeral Home-Martinsburg, W. Va., DATE FFB 2 3 1968 ICLo	res Judges.



MARYLAND STATE DEPARTMENT OF HEALTH

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					D STATE DEPARTMENT OF		
	1		03112		301 W. PRESTON STREET, BALT	TIMORE, MARYLAND 21201	
			00110		CERTIFICATE OF DEATH		03096
=	± 2		CEASED-NAME First Ype of print)	Middle	Last	20. DATE OF DEATH	Day Year 25 HOUR
death	1 E E E		Ype of print) IDA	BELLE	WIKES	2 Month /7	Day 68 Year 745
after	學是	3 5	X	4 RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
S O	age rs a		EMALE	WhITE	1-29-18	83 85 Y	RS. MONING BATS NOORS MIN
D OC	() ()	70 l		76. CITIZEN OF WHAT COUNTRY?	8. MARRIED A NEVER MARRIED	9 COUNTY OF DEATH	
24 1	no 72	12/	Th-CU-HUDSON NY	4.0.	WIDOWED DIVORCED	PRINCE GE	ORGE M
F	### E	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN give street address)	duenn n	JAL OCCUPATION (Kind of work do nost of working life, eyen if retired	125/KIND OF BUSINESS OR
wit	and completely remove carbon rony event, wit	12	1ATI SUITE	CARROLL MAN	10R-4922CASAJURA HO	ousewife.	H.) INDUSTRY NONE
pate	nple e co veni		ssian) STATE // where decease	d lived, if institution. Residence before 13b/COUNTY	1 /	13e. STREET AND NUMBER	. D. ·
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in pa	sign bur bur		PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(a)	
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The la	rificote has been a for use as the of Health prior to	CERTIFICATION	190. DATE OF OPERATION 19b (ONDITION FOR WHICH OPERATION WAS PE		CALIFEE OF DEATING	S CONSIDERED IN CERTIFYING
는 H	e ho use uth	ERTIF	210 ACCIDENT WAS UNDERLYING	215 TIME OF INJURY	YES NO		a (r. 16)
NA P	ficot for Hec	ਤ	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year	216. HOW INJURY OCCURRED (ENT	er nature of injury in Port 1 or Part	2, Item 18.)
PHYSICIAN: e hospital or	certificate thed for u	WED	(If either, notify medical examine 21d. INJURY OCCURRED 21e. P		7	o. City or Town	County State
E F	this certi detached e Dept. o		***************************************	OFFICE BUILDING, ETC.	CTORY.) 21f. LOCATION Street or R.F.D. No	o. Gity of fown	county side
S =	fter the be de State		at work at work 22a certify that (1) (this	haspital) attended the deceas	ed from 12 194	6 to (1) 17	19.60 , that (I) (we) las
N P	d be of		saw the deceased ali	ve an 7-18 /	and that in (my) (aur) ap		date and havr and fram th
ATTENDIN	ECTOR: After this ce 3 should be detache with the State Dept.			(I) (we) (did) (did not) view the	bady after death.		a description
A A ter	DIRECTOR: ge 3 should led with the		22b. SIGNATURE	1-1-110	DEGREE PHYS	MED C STAFF C	2c. DATE SIGNED
rt o	AL DIR		22d PHYS CIAN'S	a rejour	22e ADDRESS	DIRECTOR PHYS.	
PITA	RAI pe		NAME (Type) DR	TICHARD F.	MAUI 1324	Mich. HL	ト ガエ
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the	o FUNERAL director, po should be fi	230.	BURIAL, CREMATION, 23b. D.	ATE 23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
0 H	Se		REMOVAL (Specify) 2/		Nat. Cem.	Suitland, M	
_	VR A15 (4)	24.	FUNERAL DIRECTOR Nalle	vis Funera JADDRES	Mt. Rainiar 250 RECD	BY REGISTRAR 2Sb. REGISTRA	AR'S SIGNATURE
	30M REV. 1/68		Home Inc.	Ma	ryland	2 1 1968 julia	MAN KALLES



MARYLAND STATE DEPARTMENT OF HEALTH DIWISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Joile CERTIFICATE OF DEATH death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b ANDVUIN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within YES NO etely executed within commiletely NAME OF First Middle DATE Month Last 4. Day Year DECEASED event. (Type or print) ARD DEATH 19 68 5. SEX 6. COLOR OR RACE e remove in any eve DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED [NEVER MARRIED □ 8. last birthday) Months Days and WIDOWED X DIVORCED [ALE 10a. USUAL OCCUPATION (Give kind of work done physician please r 10b. KIND OF BUSINESS OR INDUSTRY BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) death certificate be COUNTRY? MESTIC 13. FATHER'S NAME MOTHER'S MAIDEN NAME The attending premit. Them 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. | 17. INFORMANT Address has been signed by the attents:

as the burial-transit mermit.

prior to burial, cremation, or. (Yes, no, or unknwn) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the Page 4 may be retained by the hospital or attending physician. 161. DUE TO a. Il alper. l Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? ICATI certificate YES 🗔 NO D CERTIFI 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) r this certify detached for te Dept. of 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm,) (State) 20d. INJURY OCCURRED 20f. (City or town) (County) 2-1factory, street, office bldg., etc.) Hour (a.m. While Not While be Stat TO DA at work at work director, page 3 should should be filed with the , 发一 0.30 19 6 (that (I) twe) last 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on and that death occurred at_M. from the causes and on the date stated above. DATE SIGNED 22a. SIGNATURE 22b. ATTENDING M.D. PHYS. DIRECTOR PHYS. PHYSICIAN'S ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. OF CEMETERY OR CREMATORY LOCATION (City, town or county) DATE THEREOF 23d. (State) REMOVAL (Specify) 4 REC'D BY REGISTRAR! 25b. REGISTRAR'S SIGNATURE 25a. 1968 VR A[5 (4) 20M 1/65



MAKILAND STATE DEPARTMENT OF REALIT



		2011		MARYLAND STA	TE DEPARTMENT OF HI	EALTH	
		03115	DIVISION OF V	ITAL RECORDS, 301 W	PRESTON STREET, BALTIN	MORE, MARYLAND 21201	
ŀ				CERTII	ICATE OF DEATH		,2099
		CEASED NAME First		Middle	Lost	20. DATE OF DEATH	2b HOUR
	(1	ype or print) GRF	CE	OLIVIA	WILLIAMS	FEB Month 200	1968 1120 M
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	Y		var or dates of service)		CARMEL E. WIL	LLIAMS SEE	# 13ABCE
I		10 CAUCE OF DEATH (Sales of	10				APPROXIMATE INTERVAL
		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	D BY.	ander a	mest		BETWEEN ONSET AND DEATH
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	CERTIF. CATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a. AUTOPSY?	20b IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
	RIF.				YES NO NO		
	AL CE	210. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT	G 21b TIME OF II H HOUR A.M.	Month Day Yeor	. HOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Port 2,	Item 18)
	MEDICAL	(If either, notify medical exami	ner) P.M.	19			
	-25	***************************************	PLACE OF INJURY (FFICE BUILDING, ETC.	LOCATION Street at R.F.D. No.	City or Town	County State
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		saw the deceased n	live an	Fel 19 68	and that in (mv) (our) onin	7_, to_ <i>Fil</i> /5, 19 ion death occurred on the d	ote and hour and from the
		causes stated obavi	e, (I) (we) (did) (d	id nat) view the body aft	er deoth.		
		22b SIGNATURE	(m	,0000 Just	ATTENDING - MF	D. STAFF 22c	DATE SIGNED
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		22d. PHYSICIAN'S NAME (Type) BFN.	1. S M	ILLER	22e. ADDRESS 3824 34	4 CH MT RA	iniEn mio
	90		oire .	loo ways or source		Y / / / / / / / / / / / / / / / / / / /	70120
	23a	BUR AL CREMATION, 23b REMOVAL (Specify)		23E NAME OF CEMETERY CEDAR	141'LL CEM.	23d LOCATION (City or Town) SUITLAND	(County) (State)
	24.	BURTIAL IX	×0-60	ADDRESS	2Sa. RECD BY		S SIGNATURED
	11	.W. ChamBE	RS Co	RIVER DAL	E MO DATE MAR	REGISTRAR 1968Sb. REGISTRAR	mes judges
	100			/ 11 1/6.5 \ 1/17 A	- 1 F 1 W . WILL		



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2g. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death. (Type or print) Baby Wilson Feb. 9:05AM Boy 4. RACE 5. DATE OF BIRTH IF LINDER 24 HRS 3 SEX IF SINDER YEAR AGE (In years last birthday) MONTHS HOURS Negroid Feb. 19, 1968 Male 7b. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED MEVER MARRIED X country) DIVORCED | WIDOWED [burial, cremation, arremoval, and in any event, within 72 Maryland Prince Georges 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10 CITY OR TOWN OF DEATH 126. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired) INDUSTRY the attending physician and completely to sit permit. Then please remove carban Cheverly Prince Geo. Gen'l Hospital 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e STREET AND NUMBER ddmiss an) STATE Maryland Prince YES NO E Box. 305 Georges Bowle 14 FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Wilson Thelma Lennett Morgan James 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, no. or unknown) mother APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Tnomaturi DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying couser PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DECONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar to it. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗔 NO [21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 21a. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e PLACE OF INJURY City or Town County State While Not while at work 22a. I certify that (I) (this toepite) attended the deceased from Feb. 19, 1968, to Feb. 19, 1968, that (II) (we) last saw the deceased alive an Feb. 19, 1968, and that in (pp) (aur) apinion death accurred on the date and haur and from the causes stated abave, (I) (we) (did) (discust) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. Feb. 20, 1968 DEGREE PHYS 22d PHYSICIAN'S 22e. ADDRESS John H. Moling, III, M.D. NAME (Type) Prince Georges General Hospital 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION 235 DATE (County) (State) REMOVAL (Specify) Prince Geo. Gen. Hosp. Cheverly. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1968



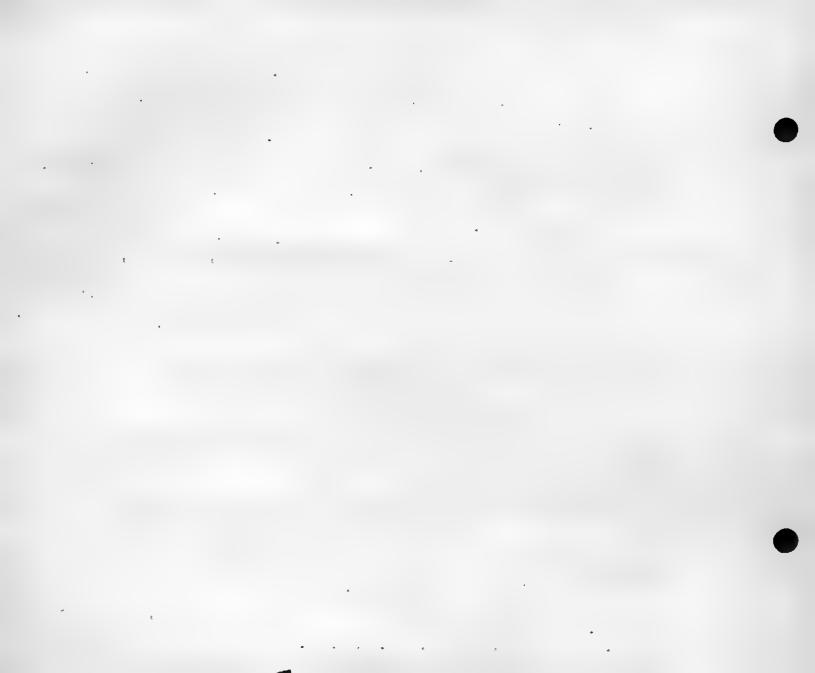
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ifficate hysiciar n pleos rol, ond	16a. WAS DECEASED EVER IN U.S. ARI			Address	
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OR ATTENI be retained burserors: A ge 3 should led with the	22b. SIGNATURE	11 Juin	DEGREE PHYS.		2. DATE SIGNED / 2/2/6/68
O HOSPITAL OR ATTENCE Page 4 moy be retained O FUNERAL DIRECTOR: A director, page 3 should Should be filed with the		am R. Greco, M. D.		iale Rd. Riverda	
TO HOS	23 g. BURIAL, CREMAT ON, REMOVAL COOLING 24 FUNERAL DIRECTOR	DATE 23c. NAME OF 3/2/68 Prince ADDRESS	Geo. General Hosp.	23d. LOCATION (City or Town) Cheverly, Mary REGISTRAR 25b. REGISTRA	(County) (State)
VR A15 (4) 30M REV. 1/68	Vanny W. Pe	br, kr. 2 Administr		1 1 1968 " gold	who Judge :



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_		03119		301 W. PRESTON STREET, BALTIM CERTIFICATE OF DEATH	ORE, MARYLAND 21201	121111
ج ₂ ح		CEASED NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
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TAR BE	3 51	X Female	4. RACE white	S. DATE OF BIRTH Aug. 1, 1896	4. How III Yours I	FUNDER LYEAR OF JINDER 24 HRS.
n by Person	7a.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?		COUNTY OF DEATH	
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	10. (ity or town of death heverly	11 NAME OF HOSPITAL OR .N: give street address) 1 TO Georges	STITUTION (If not in hospital 12a USUAL during most	OCCUPATION (Kind of wark dane of warking life, even if retired)	12b KIND OF BUSINESS OR LNDUSTRY
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o se	adm	ssion) STATE Mid	Pro Georges	Brentwood YESE NO	4309 34th st	reet
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ه کا	TIFIC			YES NO 🖂	CAUSES OF DEATH?	
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the		couses stated above,	(I) (we) (did) (did not) view the	body after deoth.	and account accounted on the date	ona noor ona nom th
should be filed with the State Dept. of Health prior to		221 -SIGNATURE	11	ATTENDING NOT MED	STAFF 22c DAT	TE SIGNED
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d be fi	,	22d. PHYSICIAN'S NAME (Type) Cha	rles C Hageage	22e. ADDRESS 3308 Perr	y st Mt Rainie	r, Md.
houl	23a.	BURIAL CREMATION, 23b. D.			' '	(County) (State)
N CF	_				Colmar Manor Pro	
(4) 1/68	24.	FUNERAL DIRECTOR F. Gasch's	ons liyattsvill	e, Md. DATE FFR	REGISTRAR 25b. REGISTRAR'S SIG	4 13 4 15



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								BETWEEN ONSE	E INTERVAL F AND DEATH
	/ DEATH WAS CAUSE	ITE CAUSE (o). Hea						minut	es
	Conditions of any subjets agus	DUE TO, OR AS A	CONSEQUENCE OF AT	rterioscler	otic h	neart diseas	se se	over 3	yrs.
	rise ta immediate cause (a),	(b)	CONFIGURACE OF						<u> </u>
		DUE TO, OK AS A	CONSEQUENCE OF						
ì		(c)	DEATH DUT NOT BELA	TED TO THE TEDMINA, D	ISEASE OD COL	LO TON COUTH IN DART IS	-1		-
	Y-	MON3 CONTRIBUTING TO	DEATH BOT NOT KEEP	TED TO THE TERMINAL D	ISTANT OF COL	AD TON GIVEN IN PART I	a)		
NOLL	19a DATE OF OPERATION	19b (ONDITION FOR WHICH	OPERATION				20. AJTOPS	Ϋ́
THICK.		'	VAS PERFORMED?					YES	NO IX
			Month, Day, Year	21c HOW INJURY OC	CURRED (Enter	r nature of injury in Part	1 or Port 2, It	tem 18)	
3	CAUSE OF DEATH	P.M.	19						
W		PLACE OF INJURY (At home	e, farm, street,	21f. LOCATION Street	ar R F D No	City or Town		County	State
	AT WORK AT WORK								
	22a. I certify that I t				ipsy 🔲,	Inspection 🔀 ,	Inquiry 5	d, and in a	ny apintar
	death resulted fram-	Natural Zouses	xt/ Acodent _], Suicide [],	Hamicide	Undetermine	d manner		
	ACTIIAI	of A	/_~_	-7				415	
	SIGNATURE	07/		The literature					
	EXAMINER'S NAME (Type)	77. 1	D. 4 D					-2U <u>-68</u>	
230	/01311/		Kiverdale	. PiG.			Inwn	(County) /	State)
230			Crown	Hill Cemet	ery	. ,	,	' ''	,
24			-Custons		2So RECD E		_	S GNATURE	
Wa	rner E. Pumphro	y, Inc. 843	-Ga. Ave.	S. S. Md.	DATEFEE	3 2 3 1968	yola	rea Jaco	
	1 DI (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	1 DECEASED NAME (Type or Print) 3 SEX 4 RACE 11ale 70. BIRTHPLACE (Stote or foreign country West Virginia 10 CITY OR TOWN OF DEATH RIVERAL PRINTS NAME 13 USUAL REST DENCE (Where decease odmission) STATE 13 TY Jand 14. FATHER'S NAME 15 CAUSE OF DEATH (Enter on PART 1 DEATH WAS CAUSE (MMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT COND 19 DATE OF OPERATION 210. EXTERNAL CAUSE WAS PRIMARY OCCURRED 210. EXTERNAL CAUSE WAS PRIMARY OCCURRED 210. EXTERNAL CAUSE WAS PRIMARY OCCURRED 220. I certify that It death resulted fram- ACTUAL SIGNATURE EXAMINER'S NAME (Type) 230 BURIAL CREMATION 242 24 FUNERAL DIRECTOR GIETT 24 25 27 24 4 FUNERAL DIRECTOR GIETT 25 26 27 24 4 FUNERAL DIRECTOR GIETT 26 27 28 29 20 20 21 21 21 21 21 21 22 24 4 FUNERAL DIRECTOR GIETT 23 25 26 27 26 27 27 28 4 FUNERAL DIRECTOR GIETT 20 20 21 21 22 24 4 FUNERAL DIRECTOR GIETT 23 25 26 26 27 26 27 27 28 28 29 20 20 20 20 21 21 21 21 21 21 21 21 21 21 21 21 21	Them 8 Film DNISION OF VITAL RECORD 1 DECEASED NAME (Type or Print) 3 SEX	Them 8 Film DWISHOR OF VITAL RECORDS, 301 W. PRES 3/4/68 ap	Them & Film DWISSOR OF VITAL RECORDS, 301 W. PRESTON STREET, BALT 1 DECCASED NAME First Middle Cost Cost	DECEASED NAME (Type or Print)	Them 8 FilmDWISGO of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1	Them 8 Film DWISTOB OF VITAL RECORDS, 30 I W. PRESTON STREET, BALTIMORE, MARYLAND 21201	Them 8 Film DWISTOR OF VITA RECORDS, SOI W. PRESTON STREET, BALTIMORE, MARYLAND 21201 314 315 317 317 318 318 319 318 319 319 318 319 318 319 318 319 318 319 318 319 318 319 318 319 318 319 318 319 318 318



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03122 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR death death and (Type or print) John V. Yeager FEb. signed by the attending physician and campletely filled in by the Post burial-transit permit. Then please remove carban papers. Pages 1 burial, crematian, ar removal, and in any event, within 72 haurs after 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR last birthday) Male Dec. 8, 1923 Caucasian requires that the death certificate be executed within 24 haurs 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TO SEVER MARRIED filled in Wash.,D.C. Prince Georges U.S.A. DIVORCED T WIDOWED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) Prince Geo.Gen'l Hospital Cheverly 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before | 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 136. COUNTY Prince 5628 Emerson St Bladensburg Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First John Yeager Sr. Frances Higdon 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yesting, or unknown) (If yes give war or dates of service) 577-14-7855 Mrs. Mamie S. Yeager (above address (Wile) 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

Massive Total Massive Intracerebral Hemorrhage, right cerebral IMMEDIATE CAUSE (o) hemisphere DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar tall 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗆 Page 4 may be retained by the hospital ar 21g. ACCIDENT WAS UNDERLYING 23b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) HOUR A.M. Month Day Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED.
DIRECTOR DEGREE 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) 3408 Rhode Island Ave. Mt. Rainier, Md. Leon Levitsky, M. D. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23b. DATE (County) (State) REMOVAL (Specify) Colmar Man or, Md. Fort Lincoln Cem. Funeral ADDRESSMt Rainier 250. REC'D BY REGISTRAR
Maryland DATE CO 2Sb. REGISTRAR'S SIGNATURE Nalley's VR A15 (4) -30M REV. 1/68 Home Inc. DATE CER

Epsilo - Sali , Paris - 1970 13767 Facility (Still F. add Caucistin Prince Goggests description of the Contract Laboratory of the Contract Co the view of the content of the conte Market Englished Memorators, seems consisted by the conadvant Plans Y-1- -- 5 5 11 --10 , 104 and the second s

